DOCUMENT RESUME

ED 335 309 SP 033 145

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TITLE Model Learner Outcomes for Health Education. A Mission toward Healthy People.
INSTITUTION Minnesota State Dept. of Education, St. Paul.
PUB DATE 90
NOTE 157p.
PUB TYPE Guides - Classroom Use - Teaching Guides (For Teacher) (052)

EDRS PRICE MF01/PC07 Plus Postage.
DESCRIPTORS Curriculum Design; *Educational Objectives; Elementary Secondary Education; *Health Education; *Health Promotion; Instructional Development; State Curriculum Guides
IDENTIFIERS Minnesota; Model Learner Outcomes

ABSTRACT

This document provides a structure within which teaching staff can improve students' learning experiences and predict specific learner outcomes in health education. The material is presented in four chapters followed by an appendix. Chapters 1-3 examine the system's values, learner values, philosophy of education, mission for public education and learner goals; children's health today; the role of health education; and the challenge of health education in today's world. Chapter 4, "Health Education: Transposing the Health Education Model Learner Outcomes into Curriculum," discusses 10 elements of curriculum design, as well as program and learner outcomes. The subjects covered include tobacco, alcohol and drug use; prevention and control of injuries, adolescent suicide, AIDS and other sexually transmitted diseases; health-related physical fitness; reduction of the incidence of abuse, violence, teen-age pregnancy, the risk of cardiovascular diseases, cancer and other noninfectious diseases, and environmental health hazards; improvement of mental, emotional, and social health, personal health care, dietary practices, and life cycle adaptations, infant and parental health, stress management skills; and enhancement of personal growth and positive parenting skills. Appendixes provide Minnesota health statistics; statistics from the Minnesota Adolescent Health Dababase; and Minnesota State Board of Education Rule 3500.1075, Subp.4. (LL)

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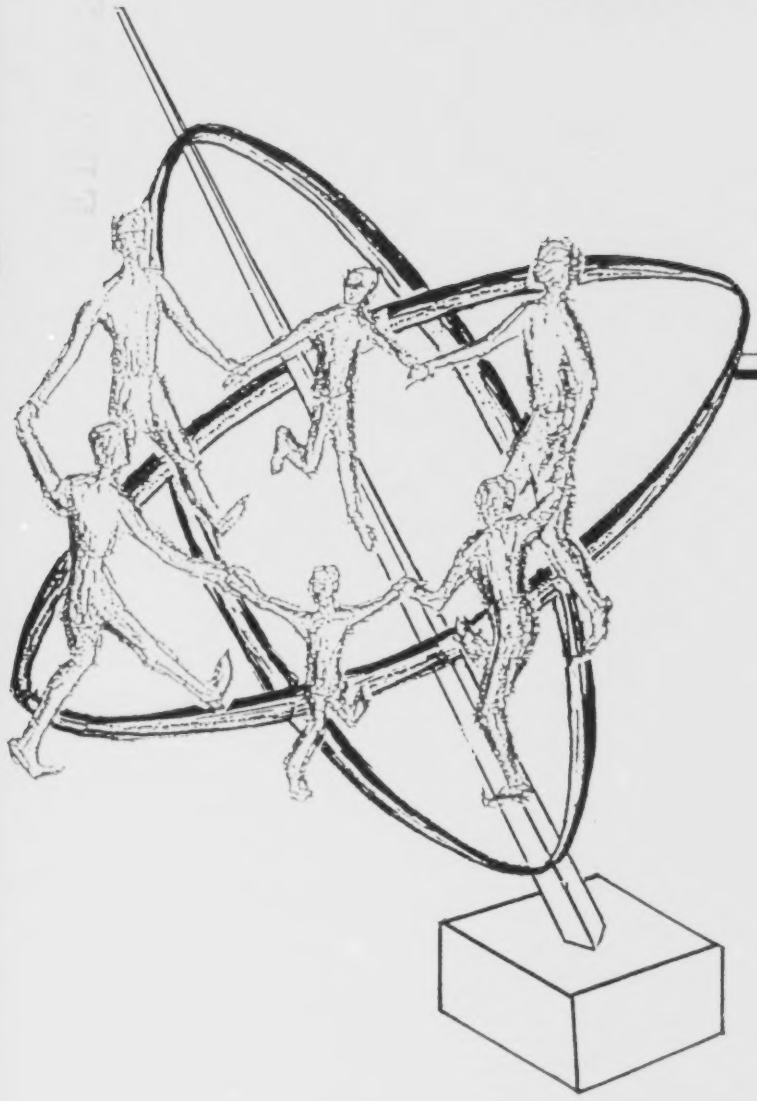

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MODEL LEARNER OUTCOMES FOR HEALTH EDUCATION

A MISSION TOWARD HEALTHY PEOPLE

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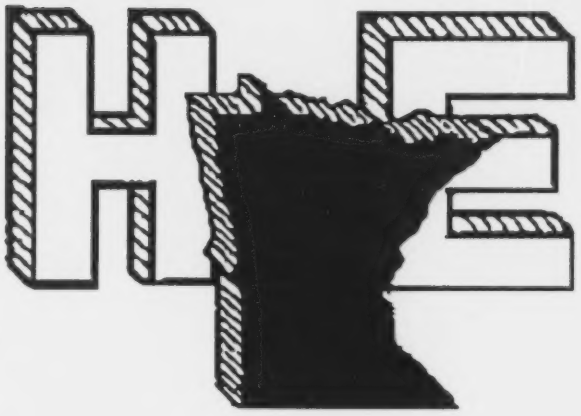

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The Minnesota Department of Education would like to express appreciation to the members of the Health Education Model Learner Outcome Document writing team. Each member contributed valuable time, energy, and resources to the preparation of this document.

Chapter 1

Minnesota State Board of Education

Values
Philosophy

Mission
Goals

CHAPTER 1

Minnesota State Board of Education

Values, Philosophy, Mission and Goals

School districts nationwide, and certainly in Minnesota, are constantly striving to improve the learning experiences they provide students. The last two or three decades have seen heightened interest in improving all parts of the education process, including appropriate involvement of students, parents and the community at large.

The documents that constitute the Minnesota Department of Education's **Coordinated Model for Educational Improvement** incorporate many of the concerns expressed and issues addressed by the public, Legislature, and in reports on the state of public education. One of these documents, titled **Goal and Outcome Specification Process**, suggests a set of procedures for appropriate involvement of the public. These procedures include public participation on the development of statements of values, philosophy, mission and learner goals. These sets of statements are a hierarchy of increasingly specific concepts ranging from values, the most general, to learner goals, the most specific, that give form and direction to public education. Given this hierarchy, staff skilled in subject matter and the profession of teaching can develop very specific learner outcomes for each subject area.

The following sets of statements were adopted by either the Minnesota State Board of Education or the Minnesota State Legislature for two purposes. First, they provide a model for use by communities and school staff as they strive to improve the learning experiences they provide for residents. Second, they are the hierarchy used by Department staff and teams of educators as they develop model learner outcomes for each subject area. Only the **Mission Statement for Public Education** adopted by the Legislature gives explicit direction to public schools. All other parts of this document are models, suggestions for the consideration of residents and professionals in each district.

EDUCATION SYSTEM VALUES

We believe the following values are preeminent for the education system. These attributes are to be reflected in all educational programs and operations.

ACCOUNTABILITY - A condition in every school whereby each is able to justify its use of public resources by effectively fulfilling its mission of learning.

EFFECTIVENESS - A condition in every school whereby each accomplishes its mission at a performance level defined by learners, parents, citizens of the community and state, and their representatives.

EFFICIENCY - A condition in every school whereby each accomplishes the highest possible level of excellence with available resources.

EXCELLENCE - A condition in every school whereby the highest possible standards for performance are expected of all students and staff.

FLEXIBILITY - A condition in every school which results in meeting the needs of learners through sensitive and creative responses to changing circumstances.

HUMAN EQUITY - A condition in every school which offers equal opportunity and appropriate individualized support to each staff member in employment and professional growth and to each learner in the educational process. Also, a condition which, fully, fairly, and accurately portrays various cultures, races and genders in the instructional program.

RESPONSIBILITY - A condition in which the school recognizes that the parent has primary responsibility to assure the child is educated, and in which a partnership exists between the school, community, parent, and the learner to identify the learning goals and needs of the child or adult learner and provide appropriate learning opportunities through which those goals can be met.

RESPONSIVENESS - A condition in every school whereby diversity of personal and group needs and aspirations are expected, accepted, encouraged, and routinely addressed.

SYSTEM EQUITY - A condition in the education system whereby each school is provided with the resources necessary to assist all learners in achieving excellence.

WHOLENESS - A condition in every school whereby each gives necessary and appropriate consideration to the potential career needs, spiritual, social, emotional, and physical growth of each learner and staff member as it designs and implements educational programs.

VISIONARY - A condition in the education system whereby emerging trends which will affect the knowledge and skills required to be a successful adult are examined and the knowledge gained is used to produce appropriate changes in the system's course content, procedures, and goals for learners.

LEARNER VALUES

We believe helping students develop the following values is a primary purpose of education.

ACCOUNTABILITY - A quality in individuals whereby each knows, understands and accepts the impact and consequences of personal actions and decisions.

CITIZENSHIP - A quality in individuals whereby each has an understanding, appreciation, and support of the institutions of American government and society and a willingness and ability to participate in the democratic process and in socially beneficial service activities.

COMPASSION - A quality in individuals whereby each is sensitive to the conditions affecting the lives of others and each has the commitment to assist others when appropriate and possible.

COMPETENCE - A quality in individuals whereby each attains maximum levels of knowledge, skill and affect commensurate with his or her potential.

COOPERATIVENESS - A quality in individuals whereby each interacts with others in a manner that mutually benefits all participants in the interaction.

CREATIVITY/FLEXIBILITY - A quality in individuals whereby each acts or expresses self in new, improved, or unique ways.

ETHICS - A quality in individuals whereby each displays consistent personal and professional integrity and an acceptance of the responsibility to act for the benefit of all learners.

HONESTY - A quality in individuals whereby each is fair and straightforward in the conduct of human interaction.

LEARNING - A condition in individuals whereby each continually strives throughout life to learn more and to increase personal levels of fulfillment and competence in human endeavors.

PROBLEM SOLVING - A condition in individuals whereby each has the ability to identify, frame, and propose new, improved, or unique solutions to existing and emerging problems.

RESPONSIBILITY - A quality in individuals whereby each strives to fulfill the obligations of economic self-sufficiency and active commitment to the common good of society.

SELF-ACCEPTANCE - A quality in individuals whereby each has a positive self-image, through assertion of rights, holding personal, physical and emotional well-being as an ideal, accepting personal talents with humility, and personal limitations with the resolve to improve where possible and accept where necessary.

SPIRITUALITY - A quality in individuals whereby each recognizes and accepts the importance of nurturing one's inner spirit, that creative force that transcends the human and the material.

THINKING - A condition in individuals whereby each continually strives to improve personal skills for mental manipulation of sensory perceptions to form knowledge, thoughts, reason, and judgements.

THE MINNESOTA STATE BOARD OF EDUCATION
PHILOSOPHY OF EDUCATION

WE BELIEVE . . .

. . . Every person can learn.

. . . Learning is a lifelong process.

. . . Every person must understand and accept self before he or she can become a contributing member of society.

. . . Each person has gifts which the education program must seek, identify, and help to maximize.

. . . Advancement of the human race requires individuals who are honest, responsible, compassionate, cooperative, creative, and competent.

. . . The state and local communities have a shared responsibility to assist each person in learning.

. . . Each community has a shared responsibility with parents for meeting the needs of each child.

. . . The community and its school system must continually look to and strive to meet the future education needs of society.

. . . The education system must assist each person to become functional in an increasingly global and interdependent world.

. . . The education system must lead people to value and accept a wide diversity in human behaviors, sophistication, and values.

. . . The education system must maintain high standards for responsiveness, human equity and system equity in the provision of educational opportunities.

. . . Decisions regarding planning, implementing, and maintaining learning opportunities must be vested as close to the individual learner as efficient use of public resources allow.

. . . School systems must implement programs that stress the intellectual development of each learner in concert with the spiritual, social, emotional, and physical development of the learner.

. . . School systems must model and nurture creativity in learners.

. . . School systems must maintain opportunities for all learners to develop competence in personally selected areas of human development.

. . . Professional educators have a responsibility to remain current with evolving knowledge about human growth and development, learning theory, and knowledge of subject matter.

. . . Professional educators and elected or appointed education policymakers have a responsibility to account to the public for the excellence of their efforts.

. . . Professional educators and elected or appointed education policymakers have a responsibility to use public resources prudently and efficiently.

. . . Staff employed in schools must model the behaviors they are assisting learners to develop.

MISSION FOR PUBLIC EDUCATION

As adopted by the Minnesota Legislative Commission on Public Education and enacted into law, Chapter 240, Laws of 1985

The purpose of public education is to help individuals acquire knowledge, skills, and positive attitudes toward self and others that will enable them to solve problems, think creatively, continue learning, and develop maximum potential for leading productive, fulfilling lives in a complex and changing society.

MISSION OF THE MINNESOTA STATE BOARD OF EDUCATION

The Minnesota State Board of Education will provide the vision, advocacy and leadership to improve significantly the quality of education throughout the state.

MISSION OF THE MINNESOTA DEPARTMENT OF EDUCATION

The Minnesota Department of Education provides leadership, service, and regulation to maintain and improve an equitable, uniform, and quality system of public education for all learners.

The Department provides leadership as an advocate for education by defining quality education and by seeking the resources necessary to meet the needs of all learners.

The Department provides service through informational and technical assistance that will improve the productivity and performance of students and staff, and provide opportunities for the development of the potential of all learners.

The Department regulates education by maintaining, interpreting, and enforcing Minnesota State Board of Education rules, and state and federal laws.

MINNESOTA STATE BOARD OF EDUCATION

LEARNER GOALS

The following learner goals are a general statement of the purpose for education. They describe the type of person who would graduate from a Minnesota school and are a model for local goal adoption.

A. To effectively participate in learning activities, each learner will master:

1. Reading literacy to gather information and data, gain perspective and understanding, and as a leisure activity;
2. Writing to explain, describe, and express a point of view and feelings;
3. Listening to gather information and data and gain perspective and understanding;
4. Speaking to explain, describe, express a point of view and feelings, and to discuss an issue;
5. Numerical literacy to apply arithmetic functions to life situations;
6. The use of a variety of tools, including electronic technology, to enhance learning;
7. Viewing and observing to gather information and data, gain perspective and understanding;
8. Self-expression through visual and performing arts.

B. To provide a foundation for meaning in life, each learner will accumulate and apply knowledge and develop the understanding:

1. To participate in lifelong learning;
2. To live successfully within local, state, national, and world political and social structures;
3. To examine personal beliefs and values and their relationship to behavior;

4. To make ethical and moral decisions;

5. To be a responsible citizen of the community, nation, and the world;

6. To practice stewardship of the land, natural resources, and environment;

7. To know the impact of human life on nature and the impact of natural phenomena on human life;

8. To express self through artistic creation;

9. To know career options and the general education requirements for each;

10. To know world and national economic conditions to make informed decisions on consumer products, occupations, career needs and use of resources;

11. To select or prepare for a series of occupations which will personally satisfy and suit one's skills and interests;

12. To manage personal affairs;

13. To communicate and relate effectively in a language and about a culture other than one's own;

14. To know the importance of geographic location in the functioning of contemporary society.

C. To think, decide, resolve issues, and meet needs creatively, each learner will be able to:

1. Compare, differentiate, and relate information and facts, and apply knowledge:

2. Combine various facts, situations, and theories to formulate hypotheses or develop solutions;

3. Critique and make judgments about materials, conditions, theories and solutions;

4. Generate and value creative alternatives;

5. Create musical, visual, and verbal images, and movement as a means of self-expression.

D. To value, understand, and accept human interdependence, each learner will be able to:

1. Seek interactions and feel comfortable with persons who are different in race, religion, social level, or personal attributes;

2. Understand the interrelationships among complex organizations and agencies in modern society;

3. Understand society's responsibility for dependent persons of all ages in a manner consistent with the growth and development needs of those persons;

4. Understand how the citizens of the United States are geographically and socially connected to people and places in other parts of the world.

E. To value, understand, and accept the diversity of humankind, each learner will be able to:

1. Base actions and decisions on the knowledge that individuals differ in many ways;

2. Base actions and decisions on the knowledge that values and behaviors differ from one social group to another;

3. Base actions and decisions on the understanding that lifestyles and behaviors reflect the value system of the society in which they were learned;

4. Judge other's actions with an understanding of the personal and social context of that action;

5. Understand people of other cultures through their visual and verbal arts, music, and creative movement;

6. Accept that there is more than one way of being human;

7. Base actions and decisions on the understanding that as individuals move from one society to another, they can learn lifestyles and can learn to behave appropriately in different societal contexts;

8. Act on the belief that human behavior is influenced by many factors and is best understood in terms of the context in which it occurred.

F. To address human problems through group effort, each learner will develop the knowledge, skills, and affect essential to:

1. Act in accordance with a basic ethical framework incorporating the values which contribute to successful community life such as honesty, fairness, compassion, and integrity;

2. Understand the importance of working in groups to achieve mutual goals;

3. Be able and willing to provide leadership in resolving personal and societal issues.

G. Each learner will be able to effectively resolve conflicts with and among others by:

1. Assuming responsibility to form productive and satisfying relationships with others based on respect, trust, cooperation, consideration and caring for other persons;

2. Acting on the belief that each individual has value as a human being and should be respected as a worthwhile person;

3. Resolving conflict in the manner most beneficial to society.

H. Each learner will be able to act on contemporary events and issues with a perspective of their historical origin by:

1. Understanding the origin, interrelationship, and effect of beliefs, values, and behavior patterns on world cultures;

2. Understanding one's own culture and historical heritage through the political, literary, aesthetic, and scientific traditions of the past;

3. Being familiar with the ideas that have inspired and influenced humankind;

4. Understanding the manner in which heritages and traditions of the past influence the direction and values of society.

I. Each learner will develop a positive attitude toward self demonstrated through:

1. A feeling of positive self-worth, security and self-assurance;

2. A willingness to live with one's strengths and weaknesses;

3. A knowledge of one's own body and a positive attitude toward one's own physical appearance;

4. Understanding that efforts to develop a better self contribute to the development of a better society;

5. Understanding that self-concept is acquired by interaction with other people;

6. Appropriate control or release of emotions.

J. To set and achieve personal goals, each learner will develop the ability to:

1. Select appropriate personal learning goals;

2. Make decisions about one's life;

3. Plan, organize, and act to realize one's goals;

4. Accept responsibility for personal decisions and actions;

5. Work now for goals to be realized in the future;

6. Select viable alternatives for action in changing circumstances.

K. To cope with change, the learner will have the ability to:

1. Initiate appropriate change while respecting existing structures and concepts;

2. Tolerate ambiguity;

3. Understand that coping with change is a lifelong process;

4. Understand and accept the changing nature of work and the potential need to change careers several times;

5. Use career information and counseling services to make informed and satisfying vocational choices.

L. To lead a healthy, fulfilling life, each learner will:

1. Assume responsibility for one's own physical and mental health and safety by establishing a daily regime of positive behaviors which will maintain mental and physical health, and motor fitness;

2. Make informed decisions about health products and services;

3. Make a lifestyle which promotes healthful family living;

4. Understand public health measures and their effect on the individual, family, community, and the environment;

5. Be able to enjoy play-skill activities which include understanding, cooperation, accepting rules, controlling emotions, following group process, and acquiring self-satisfaction.

M. To lead a productive life and actively contribute to the economic well being of our society, each learner will develop the work readiness skills of:

1. Applying the basic skills of communications, computation, and scientific principles to real-life situations in a technological society;

2. Defining and interpreting the nature of the work force in terms of one's own challenges and opportunities;

3. Leadership and citizenship skills necessary to succeed as an active agent in a changing work force;

4. Understanding employment opportunities, job seeking and keeping skills, and specific work skills as they relate to transition from school to economic productivity;

5. Developing pride in good work and expecting quality in products and services;

6. Adopting a positive attitude toward work, including an acceptance of the necessity of making a living and an appreciation of the social value and dignity of work.

Chapter 2

Health Education

Introduction and Goals

CHAPTER 2

Introduction and Goals

"The central emphasis in all of education must be the fostering of the ability of each individual to think independently. Each child must come to live his or her own life with some measure of responsibility. . . "

"The purposes of health education do not stand apart from the purposes of education itself. To understand the one is to understand the other. . ." *Commission on Philosophy for School Health Education, November, 1962.*

Children's Health Today

The health of children in Minnesota and the nation is better than ever before. In the last 80 years, our local and national public health efforts have greatly reduced infectious disease, previously the major cause of death and disability. But while improved sanitation, nutrition, and housing as well as the use of vaccines and antibiotics have enabled many children to live longer and healthier lives, other threats now pose dangers to children's health and vitality. Injuries have now replaced disease as the leading cause of death for all children age 19 and younger. In recent years, nearly three-quarters of all deaths to Minnesota children ages 5-19 can be accounted for by injuries (primarily motor vehicle), suicide, and homicide. Most of these were potentially preventable deaths.

The health problems of our student population are increasingly psychosocial in nature, affecting physical as well as mental and emotional development. Unintentional injuries, learning disorders, behavioral problems, teenage pregnancies, alcohol and drug abuse, and sexually transmitted diseases are now typical health problems among children and youth. Many of these conditions have their roots in such factors as changes affecting the family, poverty, increased mobility, poor nutrition, insufficient intellectual and psychological stimulation, media influences, and congenital or acquired handicaps.

It has long been known by school health professionals that young people with health problems, be they physical, emotional, or social in nature, may be at great disadvantage in the classroom. Their motivation and interest in learning are affected, thereby reducing their educational performance. Yet, these problems, if dealt with through appropriate curriculum and services, need not lead to academic failure.

A sound education is critical for young people to reach maximum potential in their adult lives. The job market of the year 2000 will demand that today's young person complete no less than high school if that individual is to become a viable part of society in the decades to follow. The development of good health and health practices at an early age are more imperative than ever before if our youth are to compete in the world of the 21st century.

The Role of Health Education

Health education alone cannot solve the health problems of youth. However, it can play a significant role in reducing the incidence of some problems and the severity of others. An individual's health is affected by four major factors: behavior or life style; the environment in which a person lives, works and spends leisure time; the health care system; and genetic endowment or heredity. School-based health education can assist students by providing information and assistance about how these four areas affect our lives so that they will be able to cope with or improve their present state of health. This, in turn, will enhance their classroom performance and overall health which will ultimately impact their adult lives.

The patterns that determine what we eat, how we cope with stress, and other health behaviors are often established during childhood. Efforts to prevent illness and chronic disease in adults, must, therefore, begin by focusing on the behavior patterns and perceptions of children. To maximize the likelihood that young people will develop positive health practices, health promotion and education must begin in early childhood. Screening programs aimed at early identification and follow-up of health and developmental problems in the child, birth through four, along with community, parent, and child education programs, attempt to ensure optimal health of children prior to their entrance into the kindergarten environment. Health education during early childhood must be part of standard curriculum in order to build on "teachable moments."

Health education during adolescence is also critical. This is a time for helping young people cope with changes in their lives, learn how and where to seek assistance when needed, and to take responsibility for their actions.

Educating students about health benefits the individual as well as his or her family and community. Adolescents who go on to become parents will influence the health and health awareness of their own children and must know how and when to use health care services and personnel. As citizens, they will influence others by personal behavior and will participate in decisions affecting the environment and health care system.

The Challenge of Health Education in Today's World

To meet the challenges of developing a healthy student population, it is essential that health education goals and objectives be linked with broader community, state, and national objectives. While school systems can develop strong health education programs, the final health behaviors practiced by young people are the result of many factors beyond the education environment alone. It is critical that school health education programs work cooperatively with culturally diverse communities. Together, they can promote and facilitate the development of health behavior patterns which ensure the health of each child and adolescent population into adulthood.

The model learner outcomes developed for this document represent a bold and innovative approach to health education in Minnesota and the nation. First, the health objectives are closely linked with the 1990 health objectives for the nation and Minnesota. These objectives were developed to focus health promotion/disease prevention efforts as the major health threats facing our population. Second, the learner outcomes are behavioral rather than cognitive in nature. And third, movement toward behavior-based outcomes will require that school districts develop local strategies to learn more about the health status and concerns of their populations. While cognitive testing will always play a crucial role in the education process, health is one area where the gap between cognition (what we know) and behavior (what we actually do) is at its widest, particularly for adolescents. It will no longer suffice to assess only what our young people know about health; their behavior ultimately becomes the most eloquent statement as to the effectiveness of health education in the home, school, and community.

The model learner outcomes in this document do not alter the basic goals of health education. Rather, they provide a new framework from which to build those goals. All health curriulum should have as its foundation the following tenets:

- The student will assume responsibility for his or her own health and safety by establishing a daily regime of health behaviors that will contribute to a positive life style and an improved quality of life

- The student will make intelligent decisions in regard to the selection and use of health products and services

- The student will make decisions regarding life style that promote healthful family living; and

- The student will be an advocate of adequate and effective public measures that will protect the individual, family, community, and the environment.

The final challenge posed to health education is to translate the model learner outcomes into a carefully developed curriculum that provides meaningful instructional experiences to the learners.

NOTE:

Several months have passed since this Health Education Learner Outcome document process was initiated. During those months many statewide, regional, and local district meetings were convened for the purposes of sharing document directions and receiving reactions and suggestions. As a result of these meetings, twenty-two program level learner outcomes were developed to direct and define the scope and intended breadth of comprehensive school health education.

Recently, the State Board of Education adopted Rule 3500. 1075, Subp. 4 which lists eleven health education program-level learner outcomes (see Appendix). These eleven outcomes were obtained by combining some of the original twenty-two. They do not change or alter the issues addressed in the original twenty-two. Because of this rule, when districts are designing health education curricula, the State Board of Education learner goals and program level outcomes must be incorporated into the district plan.

For specificity reasons, the twenty-two original program-level learner outcomes will be used in this document.

Chapter 3

Health Education

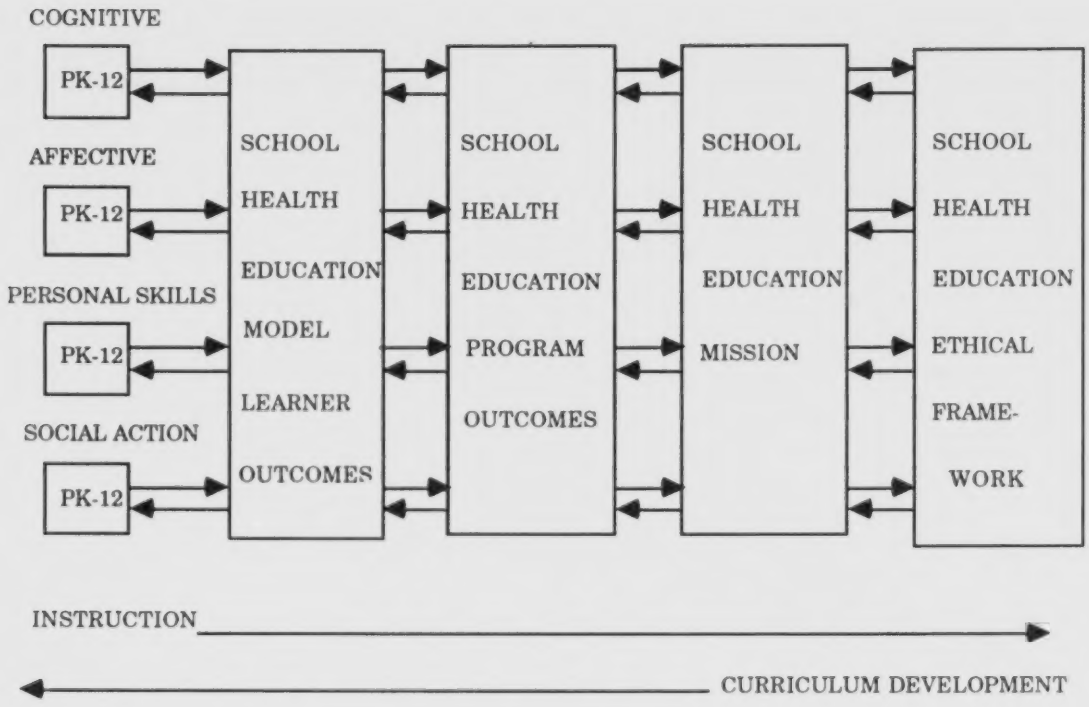
Model Learner Outcomes

Chapter 3

Model Learner Outcomes for Health Education

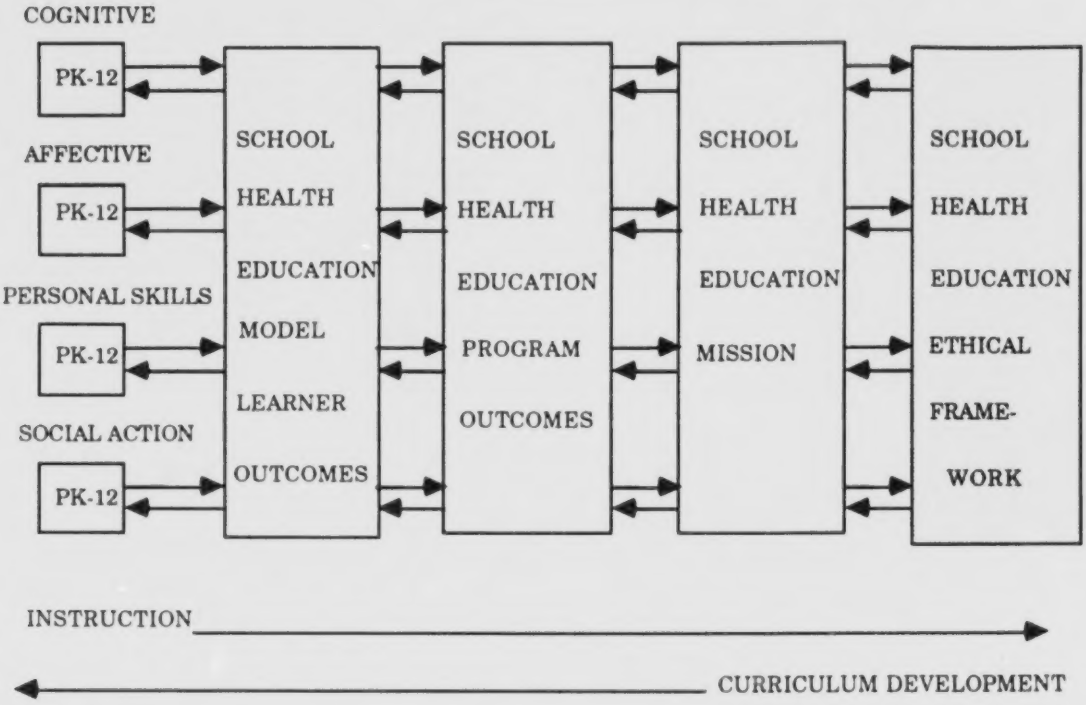
The structure of Minnesota school health education can be described in the five-component model illustrated below.

MINNESOTA SCHOOL HEALTH EDUCATION MODEL



Double direction arrows are used to illustrate that the model components are dynamic, interrelated, supportive, and dependent on each other. Curriculum development and implementation strategies are designed to move from the ethical framework to the instructional levels (right to left), whereas the actual instructional process progresses through each instructional level toward the ethical framework of school health education.

ETHICAL FRAMEWORK

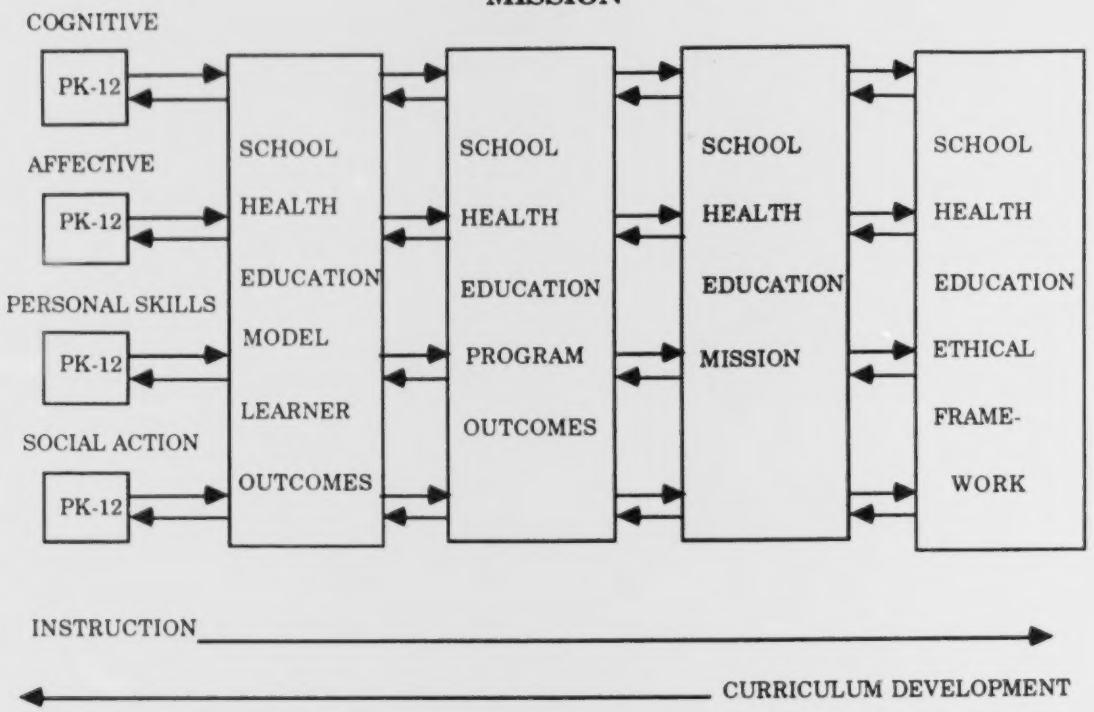


Health education operates within an established ethical framework. This ethical framework is inherent in all learner outcomes and is specifically addressed in all learner outcomes and in all instructional components.

Self-respect and respect for others are the two character traits within the ethical framework. They are demonstrated by the following human values:

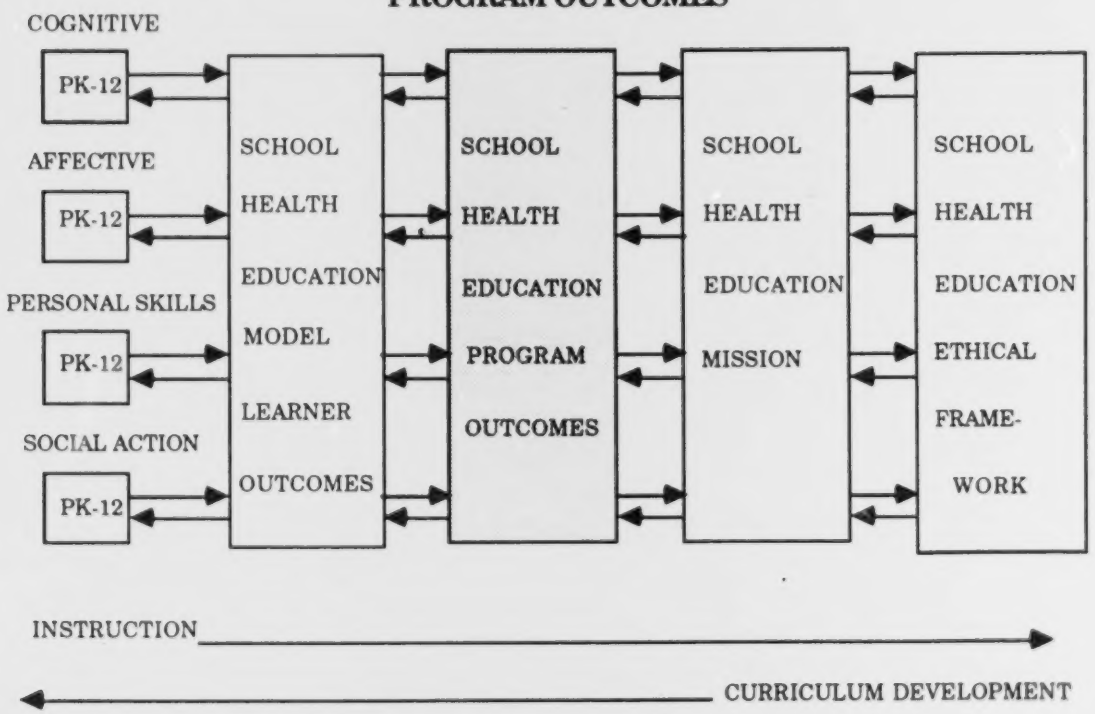
Self-Esteem:	Each individual has worth.
Honesty:	Truthfulness, acceptance, not taking unfair advantage, and meaning what you say.
Responsibility:	Ability to be trusted and depended on, answering for own actions.
Fairness:	A condition where actions of an individual are free from bias, favoritism, or prejudice.
Promise Keeping:	Acting on what you say, honoring confidence of others.
Compassion:	Being sensitive to the needs of others and supporting when appropriate.

MISSION



The ultimate purpose of comprehensive school health education is to provide to all learners a multidimensional instructional program that will enable people to exhibit health-promoting behaviors.

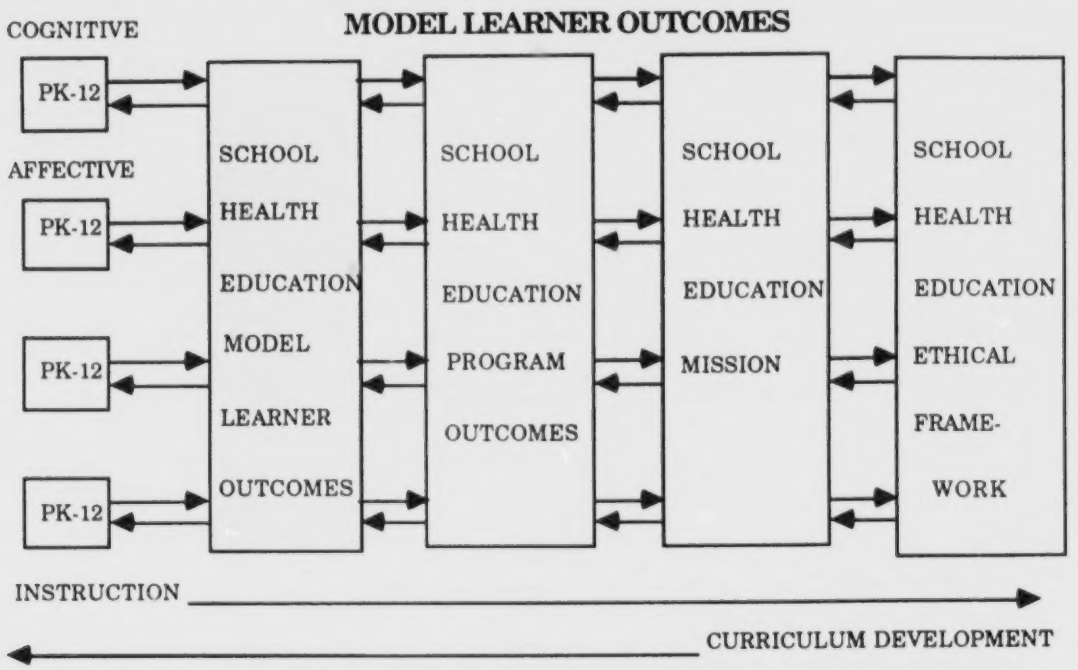
PROGRAM OUTCOMES



Twenty-two school health education program level learner outcomes have been identified for the purpose of providing structure and organization to the instructional process. These statements define the scope and intended breadth of study in school health education. Assistance in the development of these program-level learner outcomes was provided by the United States Public Health Service, the Institute of Medicine, the Centers for Disease Control, the National Health Objectives for the year 2000, and nearly seven hundred Minnesota health and education professionals.

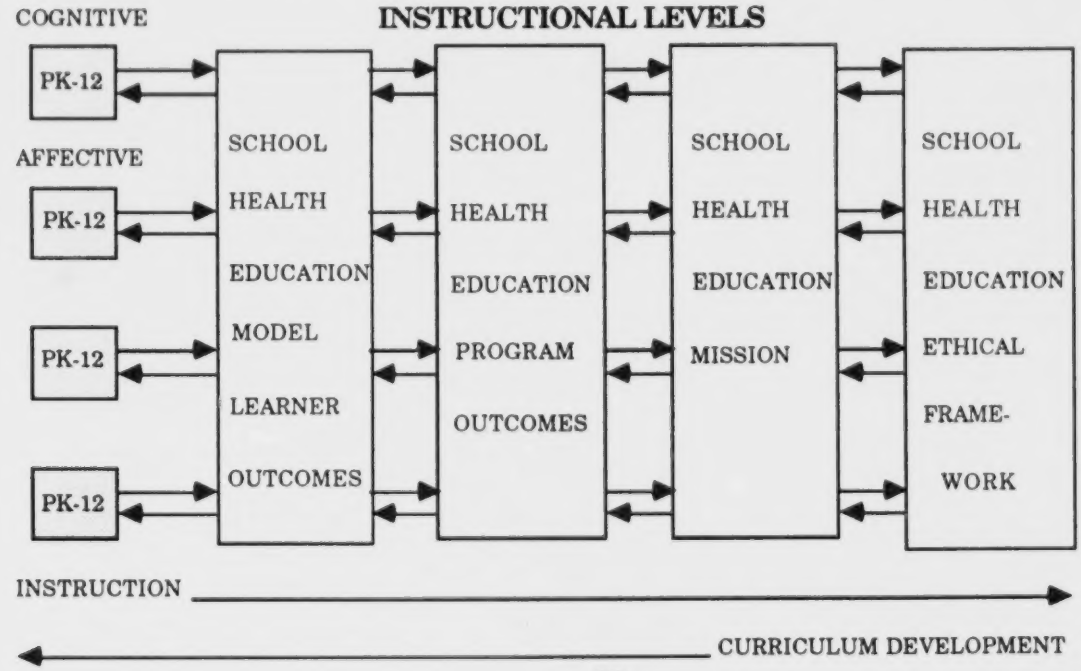
The program outcomes of Minnesota Comprehensive School Health Education are:

I. Prevent Tobacco Use
II. Prevent and Control Injuries
III. Reduce Problems Related to Alcohol and Other Drugs
IV. Improve Health-Related Physical Fitness and Wellness
V. Prevent and Control HIV Infection and AIDS
VI. Prevent and Control Sexually Transmitted Diseases
VII. Reduce the Incidence of Adolescent Suicide
VIII. Reduce the Incidence of Abuse and Violence
IX. Improve Mental and Emotional Health
X. Reduce Adolescent Pregnancy and Improve Reproductive Health
XI. Reduce the Negative Impact of Adolescent Pregnancy
XII. Improve Personal Health Care
XIII. Improve Dietary Practices
XIV. Reduce Environmental Health Hazards
XV. Reduce and Control Infectious Diseases
XVI. Improve Parental and Infant Health
XVII. Improve Stress Management Skills
XVIII. Enhance Personal Growth
XIX. Enhance Positive Parenting Skills
XX. Improve Social Health
XXI. Reduce the Risk of Cardiovascular Disease, Cancer, and Other Non-Infectious Diseases
XXII. Improve Life Cycle Adaptations



Model learner outcomes have been determined for each of the twenty-two school health education program-level learner outcomes. The school health education model learner outcomes describe a specific behavior(s) that will strongly contribute to the attainment of the program-level learner outcome. The learner should be able to demonstrate competencies that will enable him or her to achieve each outcome. Curriculum planners are reminded that these are comprehensive school health education program outcomes, not grade level outcomes.

The ninety-four school health education model learner outcomes are listed at the end of this chapter. Each outcome is referenced to the particular State Board of Education learner goal that it supports and promotes.



Effective comprehensive school health education must meet several criteria. Two of these criteria are: 1) an instructional program that spans the school life of the learner; and 2) an instructional program that includes and addresses multidimensional outcomes.

Positive health behavior formation is considered paramount in the philosophy of this document. For this reason, the youngest learner must receive sound health education experiences that assist the learner in the formation of health-enhancing behaviors. The learner must continue to receive sound health education experiences throughout his or her school life that reinforce, support, and enhance positive health behaviors.

Educational experiences that promote positive behavior change strategies must also be provided to assist each learner in the development of less risky behaviors.

Every student must receive effective instruction that assists him or her in the acquisition of multidimensional outcomes. Chapter 4 clarifies the ninety-four school health education outcomes by subdividing each into the following four categories:

Cognitive	Outcomes which are primarily mental or intellectual in nature — knowledge, comprehension, application, analysis, synthesis, and evaluation.
Affective	Outcomes which are emotional, feeling, attitudinal, sensitive, or valuing in nature.
Personal Skills	Outcomes which are physical or manipulative in nature — skills that relate to personal proficiency or ability.
Social Action	Outcomes which extend beyond the learner as an individual — the impact, or change, the learner can promote that will enhance the health of his or her family, friends, and community.

In the 1987 PER legislation, the Minnesota State Board of Education was directed to "adopt a set of learner outcomes that it considers to be essential for each subject area." The essential outcomes are a limited sample of the health model outcomes and are underlined in this chapter. The essential outcomes are central to understanding the subject, of lifelong importance to the learner, and according to the PER legislation, must be incorporated into each district's listing of health learner outcomes.

MODEL LEARNER OUTCOMES FOR SCHOOL HEALTH EDUCATION

SBE LEARNER GOALS	LEARNER OUTCOMES	DEVELOPMENT AND CONCEPT EMPHASIS	TEST ITEM BANK
	I. PREVENT TOBACCO USE		
	Students:		
L1	1. will abstain from using tobacco		
L1	2. using tobacco will quit		
L3	3. will influence friends and family members not to use tobacco.		
	II. PREVENT AND CONTROL INJURIES	**The development and concept emphasis of knowing, integrating, applying, affective, psychomotor, multicultural gender fair, and international apply to all outcomes.**	
	Students:		
L1, L2	1. will properly use appropriate safety devices, including seatbelts		
L2	2. will follow appropriate safety procedures and practices		
L2	3. will perform approved first aid procedures when necessary		
L2	4. will perform approved CPR procedures when necessary.		
	III. REDUCE PROBLEMS RELATED TO ALCOHOL OR OTHER DRUGS		
	Students:		
J2, B3, L1	1. will remain alcohol and drug free		
F5	2. will encourage alcohol or other drug abusers to seek help		
I1, I3	3. will seek professional help to minimize alcohol or other drug use problems		
L2	4. will not abuse prescription or over the counter drugs		
L1	5. will not swim, drive, or operate equipment while under the influence of alcohol or other drugs		

SBE LEARNER GOALS	LEARNER OUTCOMES	DEVELOPMENT AND CONCEPT EMPHASIS	TEST ITEM BANK
I2, L1	6. will not risk their personal safety with anyone who is using or under the influence of alcohol or other drugs		
J2, J4	7. will take action to minimize the negative effects of alcohol use		
L1, L4	8. will follow legal and health guidelines regarding alcohol consumption.		
	IV. IMPROVE HEALTH-RELATED PHYSICAL FITNESS	**The development and concept emphasis of knowing, integrating, applying, affective, psychomotor, multicultural, gender fair, and international apply to all outcomes.**	
	Students:		
L7	1. will maintain target heart rate for at least 20 minutes a minimum of three days a week		
I2, L5	2. will periodically assess their personal health-related fitness		
L1, L7	3. will practice safety techniques while participating in activities		
L6	4. will participate and encourage others to be involved in activities that will increase and maintain health-related fitness		
L5	5. will participate in play because of the physical, social, and psychological contributions.		
	V. PREVENT AND CONTROL HIV INFECTION AND AIDS		
	Students:		
J2, L1, L3	1. will abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship		
L2	2. will refrain from using or injecting illicit drugs		
J4, L1, L2	3. who have engaged in sexual intercourse will stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship		
L1	4. who have injected illicit drugs will stop using or injecting illicit drugs.		

SBE LEARNER GOALS	LEARNER OUTCOMES	DEVELOPMENT AND CONCEPT EMPHASIS	TEST ITEM BANK
L1	5. engaging in sexual intercourse will avoid sexual intercourse with anyone who is at risk of being infected, or whose HIV infection status is not known		
L1, L2	6. engaging in sexual intercourse will use a latex condom with spermicide if they engage in sexual intercourse		
L2	7. using or injecting illicit drugs will seek treatment if addicted to illicit drugs	**The development**	
L1	8. using or injecting illicit drugs will not share needles or other injection equipment	**and**	
L2	9. will seek HIV counseling and testing if HIV or other STD infection is suspected.	**concept emphasis**	
		of knowing,	
	VI. PREVENT AND CONTROL SEXUALLY TRANSMITTED DISEASES	**integrating,**	
		applying,	
	Students:	**affective,**	
J2, L1, L3	1. will abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship	**psychomotor,**	
J4, L1, L2	2. who have engaged in sexual intercourse will stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship	**multicultural,**	
		gender fair,	
		and international	
L1	3. engaging in sexual intercourse will avoid sexual intercourse with anyone who is at risk of an STD infection	**apply to all**	
L1, L2	4. engaging in sexual intercourse will use a latex condom with spermicide if they engage in sexual intercourse	**outcomes.**	
L2	5. will seek diagnosis and treatment for STD's if sexually active.		
	VII. REDUCE THE INCIDENCE OF ADOLESCENT SUICIDE		
	Students:		
I1, I2, I3	1. will not intentionally hurt themselves		
B4	2. will recognize the signals of a potential suicide		

SBE LEARNER GOALS	LEARNER OUTCOMES	DEVELOPMENT AND CONCEPT EMPHASIS	TEST ITEM BANK
L2	3. will provide appropriate support to a potential suicide		
L1, L2	4. will seek appropriate support and assistance during times of stress and depression.		
	VIII. REDUCE THE INCIDENCE OF ABUSE AND VIOLENCE		
	Students:	**The development**	
G1, G3, I2	1. will protect themselves against abuse and violence	**and**	
A3, F5	2. will recognize and respond with assistance and support to the signals of existing or potential abuse in self and others	**concept emphasis of knowing, integrating, applying, affective, psychomotor, multicultural, gender fair, and international apply to all outcomes**	
A4, L2	3. will seek support and assistance when abused		
G1, G2, G3	4. will not physically, emotionally, culturally, or sexually abuse others.		
	IX. IMPROVE MENTAL AND EMOTIONAL HEALTH		
	Students:		
I1, I2, I3	1. will demonstrate a positive self-concept		
A4, J5	2. will demonstrate various methods for emotional expression		
A3, A4	3. will use effective speaking and listening skills		
I1, I2, I3, I4	4. will decrease self-abusive behaviors		
L2	5. will seek appropriate counsel when needed.		
	X. REDUCE ADOLESCENT PREGNANCY AND IMPROVE REPRODUCTIVE HEALTH		
	Students:		
C4, J2, J4 J6, L1	1. will abstain from sexual intercourse and seek appropriate and alternative expression of sexual needs		

SBE LEARNER GOALS	LEARNER OUTCOMES	DEVELOPMENT AND CONCEPT EMPHASIS	TEST ITEM BANK
J2, J4, J6, L	2. will use contraceptive measures if they choose to be sexually active		
L1	3. will begin to develop the habit of periodic self- examination		
L1, L2, L3	4. will seek diagnosis and treatment for suspected or identified reproductive health concerns.		
	XI. REDUCE THE NEGATIVE IMPACT OF ADOLESCENT PREGNANCY	**The development and concept emphasis of knowing, integrating, applying, affective, psychomotor, multicultural, gender fair, and international apply to all outcomes.**	
	Students:		
L2	1. as the pregnant adolescent and her partner will seek resources and counseling regarding pregnancy outcome options		
J4	2. involved in adolescent pregnancy will assume equal responsibility for the pregnancy		
J1, J6	3. will complete his or her high school education to help ensure well-being of self and child.		
	XII. IMPROVE PERSONAL HEALTH CARE		
	Students:		
L2	1. will have routine physical exams and immunizations according to recommended health standards		
I4, L1	2. will follow recommended hygiene practices		
L1, L2	3. will follow recommended dental care		
I4	4. will monitor body growth, structure, and functions		
L1	5. will practice health-promoting sleep, rest, and relaxation habits		
I4, L1	6. will follow sound weight management practices to achieve and maintain desirable weight and body composition		
L2	7. will select sound health practitioners, agencies, and healing/wellness promotion techniques when using health services.		

SBE LEARNER GOALS	LEARNER OUTCOMES	DEVELOPMENT AND CONCEPT EMPHASIS	TEST ITEM BANK
	XIII. IMPROVE DIETARY PRACTICES		
	Students:		
I4, L1	1. will choose a variety of foods in appropriate amounts according to their age, gender, activity level, and life changes to maintain health		
L1	2. will be selective and discriminating consumers of food products		
J2	3. will identify and personally assess the reasons for their food choices	**The development**	
J2, J6, L1	4. will choose foods and food patterns to minimize the risk of developing chronic/ debilitative diseases	**and**	
J2	5. will discriminate between scientifically valid information and misinformation	**concept emphasis of knowing,**	
L1, L3	6. will adopt non-abusive eating patterns.	**integrating,**	
	XIV. REDUCE ENVIRONMENTAL HEALTH HAZARDS	**applying,**	
	Students:	**affective,**	
B6, D2, L4	1. will support and participate in efforts to protect and improve the environment	**psychomotor,**	
B6, L4	2. will comply with legislative laws and rules regarding environmental safeguards	**multicultural,**	
B6, L4	3. will protect themselves and others against environmental hazards.	**gender fair,**	
		and international	
		apply to all	
		outcomes.	
	XV. REDUCE AND CONTROL INFECTIOUS DISEASES		
	Students:		
J4, L1	1. will avoid transmitting and contracting infectious diseases through proper health practices		
L2	2. will have appropriate and timely immunizations		
L2	3. will use appropriate health care resources.		

SBE LEARNER GOALS	LEARNER OUTCOMES	DEVELOPMENT AND CONCEPT EMPHASIS	TEST ITEM BANK
	XVI. IMPROVE PARENTAL AND INFANT HEALTH		
	Students:		
L1, L2	1. as pregnant women and expectant fathers, will practice healthful prenatal care		
L1, L2, L3, L4	2. as mothers and fathers, will practice healthful postnatal care for self and infant(s)		
L1, L2, L3	3. as potential mothers and fathers, will avoid chemicals harmful to their offspring.	**The development and concept emphasis of knowing, integrating, applying, affective, psychomotor, multicultural, gender fair, and international apply to all outcomes.**	
	XVII. IMPROVE STRESS MANAGEMENT SKILLS		
	Students:		
L1, L3	1. will respond to stress in a healthy and effective manner		
L2	2. will seek appropriate support and assistance during times of distress.		
	XVIII. ENHANCE PERSONAL GROWTH		
	Students:		
J1	1. will participate in health-related instructional goals and activities selected by the student		
11, M2	2. will consider health- related occupations as a potential profession.		
	XIX. ENHANCE POSITIVE PARENTING SKILLS		
	Students:		
L3	1. will use positive parenting skills in all caregiver - child relationships		
L3	2. will seek means to establish and improve positive parenting skills throughout the child rearing cycle.		

SBE LEARNER GOALS	LEARNER OUTCOMES	DEVELOPMENT AND CONCEPT EMPHASIS	TEST ITEM BANK
	XX. IMPROVE SOCIAL HEALTH		
	Students:		
J8, L6	1. will exhibit balance between work and leisure		
G1, G2	2. will establish and maintain positive relationships		
D1, E1, E3, G2	3. will respect individual and cultural differences	**The development and concept emphasis of knowing, integrating, applying, affecting, psychomotor, multicultural, gender fair, and international apply to all outcomes.**	
A4, I2, T2	4. will respond to peer pressure appropriately		
G3, J5	5. will resolve conflicts with others in a socially acceptable way		
G1	6. will establish and maintain a supportive interpersonal and intercultural climate.		
	XXI. REDUCE THE RISK OF CARDIOVASCULAR DISEASES, CANCER, AND OTHER NON-INFECTIOUS DISEASES		
	Students:		
L1	1. will adopt personal behaviors that minimize the risks of cardiovascular disease, cancer, and other non-infectious diseases		
L2	2. will seek appropriate resources that promote and encourage health-enhancing behaviors.		
	XXII. IMPROVE LIFE CYCLE ADAPTATIONS		
	Students:		
B7, D1	1. will make appropriate and positive adjustments to significant losses		
C2, C3, K3	2. will make appropriate and positive adjustments to life changes in self and others		
L3	3. will recognize the significant impact of children upon the life of the adolescent, young adult, or adult		
D3	4. will use and share information that will lessen the negative impact of chronic health problems on self and others.		

Chapter 4

Health Education

Transposing Model Learner Outcomes Into Curriculum

CHAPTER 4

Transposing The Health Education Model Learner Outcomes Into Curriculum

Comprehensive school health education does make a positive difference in the health behavior of youth. Health enhancing behaviors in youth do not "just happen." They need constant attention requiring supportive information, attitude formation, and skill development. As schools develop and enhance comprehensive school health education programs, they are encouraged to involve students, parents, and health professionals in the process. Suggestions for health professionals, both within and outside the school setting, include:

School health education teachers
School physical education teachers
School health service professionals
School student support services personnel
School food service personnel
Local higher education personnel
Local public health professionals
Community health agency personnel
Community worksite wellness personnel

The concept of "comprehensive school health education" is referenced frequently throughout this publication. The following ten-element description has been adapted from an article in the Journal of School Health, October 1985. It was developed by leaders in the field, and when taken collectively, constitutes "comprehensiveness" in school health education.

ELEMENT I

Sound curricula are well-planned, sequentially developed, and include classroom experiences that provide opportunities for pupils to learn about their personal, family, and community health. This begins at entry into school and continues through completion of their scholastic education. This series of experiences should include a specific delineation of content areas that have been determined to be appropriate to the age, grade, or developmental level and diverse learning styles of all students. The experiences should include specific goals and objectives to be attained by both pupils and education staff.

ELEMENT II

Curricula should provide opportunities for students to understand health in its larger social context. Appropriate coverage and substantial reinforcement at subsequent grade or developmental levels should be provided by exposing students to an array of local, state, national, and even international and intercultural priority health concerns.

ELEMENT III

The foundation of school health curricula, guided by essential learner outcomes, should be direct health education instruction by a qualified health educator. School health curricula should be planned and taught in careful coordination with other subjects. Such articulation increases the likelihood that school health curricula will be grounded in the basic educational goals associated with: basic intellectual and intrapersonal skills, scientific thinking and problem-solving skills, self-assessment and self-management practices, advocacy, and participation in democratic processes.

ELEMENT IV

Planned and ongoing inservice programs are essential to better prepare teachers and key school personnel (principals, nurses, other curriculum specialists, and education resources) to carry out the curriculum program in classrooms. Inservice training should also update health teachers and other relevant personnel in their knowledge and teaching skills as well as obtain their input regarding curriculum program assessment and improvement.

ELEMENT V

Teaching/learning resources that tie directly to the health curriculum objectives and methods at the grade level should be available to teaching staff and pupils in the classroom. These resources should be highly germane to the cultural, ethnic, gender, geographical, and environmental realities of the region, and should be sensitive to the variability in levels of interest, ability, and skill among students. Resources should also be selected that provide options for students with various learning styles.

ELEMENT VI

Classroom and school outreach activities should be designed to inform, involve, and facilitate education of parents, family members, and other people important to the home and community living situation of the pupils. This is essential to help other family members and key exemplars to understand and reinforce what the school curriculum seeks to accomplish. At the same time, the family is vital and crucial in the education of children, and family member's views and inputs into the school health curriculum and classroom experience can be extremely productive.

ELEMENT VII

To assure that school health curriculum objectives are reinforced, rather than negated by poor example or outright unhealthful practices or conditions, serious and periodic review of the school environment, including such activities as school health services, physical education, food/snack services, environmental maintenance, and safety activities should be undertaken. Careful attention to the fact that these other programs have great potential for providing major contributions to the health education experience of pupils as well as to motivating and facilitating learning in the classroom phases of the curriculum.

ELEMENT VIII

The community should play an active role in school health education, including participation by representatives from community agencies, professional organizations, voluntary health agencies, businesses, and parent groups. It also may include college and university personnel who assist in the planning, implementation, and assessment of the school health curriculum.

ELEMENT IX

Curricula should be continuously assessed to ascertain whether or not critical objectives are being met. Assessments should be made from four perspectives: 1) pupils, their reactions and outcomes, with attention to student gains in knowledge, attitude, and behavioral measures; 2) teachers, the classroom process of implementing the curriculum and attainment of goals; 3) school district, its goals and educational mission; and 4) parents and community members, their perceptions of the value of the program.

ELEMENT X

Proper attention to the first nine elements requires a management system. Such a system, however modest, is needed to assure the leadership and coordination of the multiple interests and factors essential to a sensitive school health education curriculum that is comprehensive.

Assessing, planning, implementing, and evaluating a comprehensive school health education program is a major task and challenge. All efforts must be focused on the ultimate goal of providing sound and effective instruction and learning experiences that offer the highest potential of learner outcome attainment.

School health education program planners should realize that they cannot, under the auspices of the school health education program, attempt to address all content topics and issues related to school health education. There are clearly hundreds of school health education topics and issues.

The task of the school health education program planners then becomes one of prioritizing potential content. Each school district and community is unique in terms of its health profile. Program planners should, as an initial step in curriculum development, gather information that will describe and define the health profile of the school district and community in terms of age/gender health behaviors and outcomes such as, but not limited to, alcohol, tobacco, and other drug problems, pregnancy concerns, accidents and safety, communicable and non-communicable diseases, suicide, abuse, and issues related to mental/emotional health, nutrition, and physical fitness. Some suggestions for Minnesota assistance in this process include:

- Minnesota Department of Health, Center for Health Statistics
- Minnesota Department of Education, School Health Education Specialist
- Minnesota Department of Education, Learner Support Systems
- University of Minnesota, Adolescent Health Program
- Local public health agencies
- Local, regional, and state health resources such as the American Cancer Society, American Lung Association, American Heart Association, and March of Dimes
- The appendix of this document, Model Learner Outcomes for Health Education

Completing a school district and community health profile should enable the program planners to more appropriately identify the learner outcomes and program content needing varying degrees of instructional effort.

The final, but major, portion of this chapter describes some examples of key instructional content associated with each of the model learner outcomes. These examples should be viewed from a preschool/kindergarten through twelfth-grade (PK-12) perspective, and as "springboard suggestions" rather than an all-encompassing list.

Reference: Davis et al. "Comprehensive School Health Education: A Practical Definition." Journal of School Health. (October 1985).

PROGRAM OUTCOME I. **PREVENT TOBACCO USE**
Learner Outcome 1: **Students will abstain from using tobacco.**

Instructional Dimension	Description
Cognitive	—Students will know there are many benefits to abstaining from tobacco use —Students will realize tobacco use has immediate and long-term health consequences —Students will understand tobacco use has negative social consequences —Students will know most people do not use tobacco —Students will know tobacco use is expensive —Students will understand tobacco products contain many harmful chemicals —Students will understand nicotine is a highly addictive drug present in all forms of tobacco —Students will know smokeless tobacco is not a safe alternative to smoking —Students will know advertising influences tobacco use —Students will know there are many strategies for resisting influences to use tobacco —Students will know secondhand smoke can cause disease, including lung cancer, in healthy nonsmokers —Students will understand students can choose not to use tobacco —Students will believe it's okay to say no to tobacco use
Affective	—Students will value a tobacco-free lifestyle and environment —Students will believe that many people prefer smoke-free environments
Personal Skills	—Students will make a personal commitment not to use tobacco —Students will develop counter arguments for tobacco advertising —Students will develop and practice effective refusal skills —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to abstaining from tobacco use

Social Action	—Students will need to define tobacco smoke as a form of environmental pollution —Students will ask others not to use tobacco around them —Students will support others who choose not to use tobacco —Students will be health advocates by communicating on issues related to abstaining from tobacco use

PROGRAM OUTCOME I. PREVENT TOBACCO USE
Learner Outcome 2: Students using tobacco will quit.

Instructional Dimension	Description
Cognitive	—Students will understand that quitting tobacco use has many benefits —Students will understand that there are immediate health benefits when a person stops using tobacco —Students will know that nicotine is a highly addictive drug present in all forms of tobacco —Students will understand that the longer an individual uses tobacco, the more difficult it is to quit —Students will know that tobacco use is expensive —Students will understand that tobacco use during pregnancy is related to many health problems —Students will understand that people use tobacco for many different reasons —Students will know that there are many resources available to assist with quitting tobacco use —Students will know that it is possible to cease the use of tobacco —Students will know that many people make several quit attempts before they are successful
Affective	—Students will value independence from tobacco addiction
Personal Skills	—Students will develop a personal goal to become tobacco free —Students will practice coping strategies for quitting tobacco use —Students will practice refusal skills —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to quitting use of tobacco

Social Action	—Students will seek social support for quitting tobacco use —Students will support and encourage others who want to quit —Students will work to create a tobacco-free environment —Students will be health advocates by communicating on issues related to quitting use of tobacco

PROGRAM OUTCOME I. PREVENT TOBACCO USE
Learner Outcome 3: Students will influence friends and family members not to use tobacco.

Instructional Dimension	Description
Cognitive	—Students will know there are many benefits to abstaining from tobacco use for individuals of all ages and for society —Students will know there are many negative health effects from secondhand smoke —Students will believe tobacco use is costly to society in terms of disease, death, and economics
Affective	—Students will believe they can influence the tobacco use decisions of others —Students will value themselves as positive role models
Personal Skills	—Students will practice respectfully sharing concerns with others who use tobacco —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to influencing friends and family members not to use tobacco
Social Action	—Students will assert their right to a tobacco-free environment —Students will encourage friends and family members not to use tobacco —Students will work to create and support tobacco-free environments at home, in school, and in the community —Students will be health advocates by communicating on issues related to influencing friends and family members not to use tobacco

PROGRAM OUTCOME II. **PREVENT AND CONTROL INJURIES**
Learner Outcome 1: **Students will properly use appropriate safety devices, including seatbelts.**

Instructional Dimension	Description
Cognitive	—Students will know that using appropriate methods and devices will help control injuries —Students will have an awareness of devices and how they are properly used —Students will know the economic, physical, social, cultural, psychological, and legal consequences of not using devices —Students will know the legal requirements for use
Affective	—Students will believe they are important enough to protect themselves —Students will assume responsibility for their own safety —Students will believe safety devices are effective
Personal Skills	—Students will learn how to establish and maintain the habit of using safety devices —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to properly using appropriate safety devices, including seatbelts
Social Action	—Students will influence friends/family members to use safety devices —Students will set a good example by properly using safety devices —Students will support and promote the best safety practices —Students will be health advocates by communicating on issues related to properly using appropriate safety devices, including seatbelts

PROGRAM OUTCOME II. PREVENT AND CONTROL INJURIES
Learner Outcome 2: Students will follow appropriate safety procedures and practices.

Instructional Dimension	Description
Cognitive	—Students will believe the following safety procedures will reduce the risk of property damage and control injuries —Students will be able to identify how and when to use safety procedures in all environments (i.e., highway, home, school, work, play, community) —Students will be able to identify safety procedures in all environments —Students will be able to recognize the economic, physical, social, cultural, psychological, and legal)consequences of not following appropriate safety procedures
Affective	—Students will believe they are important enough to protect themselves —Students will assume responsibility for their own safety —Students will believe safety devices are effective
Personal Skills	—Students will establish and maintain the use of safety procedures in all environments —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to following appropriate safety procedures and practices
Social Action	—Students will influence family and friends to follow procedures —Students will set good examples by using safety procedures —Students will support and promote the best safety procedures —Students will be health advocates by communicating on issues related to following appropriate safety procedures and practices

PROGRAM OUTCOME II. PREVENT AND CONTROL INJURIES
Learner Outcome 3: Students will perform approved first aid procedures when necessary.

Instructional Dimension	Description
Cognitive	—Students will know that using approved first aid procedures when required will control injuries and save lives —Students will be able to identify approved first aid procedures and skills —Students will be able to identify legal issues related to first aid
Affective	—Student will feel capable of using approved first aid procedures —Students will believe they can help self and others
Personal Skills	—Students will practice approved first aid procedures —Students will stay updated with current first aid procedures and maintain skills —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to performing approved first aid procedures when necessary
Social Action	—Students will influence family and friends to learn first aid procedures —Students will have a social responsibility to help others —Students will be health advocates by communicating on issues related to performing approved first aid procedures when necessary

PROGRAM OUTCOME II. PREVENT AND CONTROL INJURIES
Learner Outcome 4: Students will perform approved CPR procedures when necessary.

Instructional Dimension	Description
Knowledge	—Students will know that using approved CPR procedures when required will control injuries and save lives —Students will be able to identify appropriate CPR skills and procedures —Students will be able to identify legal issues related to CPR

Affective	—Students will feel capable of using approved CPR procedures —Students will believe that they can save lives using approved CPR procedures —Students will believe it's important to save lives
Personal Skills	—Students will practice approved CPR skills and procedures —Students will stay updated with current CPR procedures and maintain skills —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to performing approved CPR procedures
Social Action	—Students will influence family and friends to learn CPR —Students will have social responsibility and cultural sensitivity to use appropriate CPR skills —Students will be health advocates by communicating on issues related to performing approved CPR procedures

PROGRAM OUTCOME III. REDUCE PROBLEMS RELATED TO ALCOHOL OR OTHER DRUGS

Learner Outcome 1: Students will remain drug and alcohol free.

Instructional Dimension	Description
Cognitive	—Students will know that being drug and alcohol free has a positive impact on one's health —Students will know that drug and alcohol use for young people is illegal and inappropriate —Students will know that drug and alcohol use may cause physical, social, cultural, mental/emotional, and spiritual problems —Students will have an awareness of the pressure and influence of advertising —Students will have an awareness of peer pressure to use alcohol and other drugs
Affective	—Students will believe being alcohol and other drug free is a positive personal health behavior

Personal Skills	—Students will say no to alcohol and other drug use —Students will practice effective refusal skills —Students will participate in activities which provide "highs" without alcohol and other drugs —Students will not use alcohol and other drugs for stress and pain management —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to remaining free from alcohol and other drugs
Social Action	—Students will support friends and family in choosing to be free from alcohol and other drugs —Students will be health advocates by communicating on issues related to remaining free from alcohol and other drugs

PROGRAM OUTOME III. **REDUCE PROBLEMS RELATED TO ALCOHOL OR OTHER DRUGS**

Learner Outcome 2: **Students will encourage drug or alcohol abusers to seek help.**

Instructional Dimension	Description
Cognitive	—Students will understand that people abusing drugs or alcohol often need and want assistance in developing a healthier lifestyle —Students will understand chemical problem identification intervention strategies —Students will understand use/abuse/dependency —Students will know about community resources
Affective	—Students will help others promote a healthier community —Students will take action, when appropriate, which may reduce alcohol and other drug problems
Personal Skills	—Students will develop intervention skills —Students will develop communication skills —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to encouraging alcohol or other drug abusers to seek help

Social Action	—Students will support individual and community efforts to reduce alcohol and other drug problems —Students will be health advocates by communicating on issues related to encouraging alcohol and other drug abusers to seek help

PROGRAM OUTCOME III. REDUCE PROBLEMS RELATED TO ALCOHOL OR OTHER DRUGS

Learner Outcome 3: Students will seek professional help to minimize alcohol and other drug use problems.

Instructional Dimension	Description
Cognitive	—Students will know there are many resources available to assist persons experiencing alcohol or other drug problems —Students will understand the effects of alcohol or other drugs on self and others —Students will understand use/abuse/dependency —Students will know about community resources and how to access them —Students will understand intervention —Students will recognize alcohol or other drug problem signs or symptoms
Affective	—Students will set personal goals to reduce the risk of alcohol or other drug problems —Students will accept personal responsibility for one's self —Students will understand that others are often needed and willing to assist in reducing alcohol or other drug problems
Personal Skills	—Students will develop refusal skills —Students will access resources —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to seeking professional help to minimize alcohol or other drug use problems
Social Action	—Students will encourage and assist others to seek appropriate resources when needed —Students will support efforts that minimize alcohol or other drug use problems —Students will be health advocates by communicating on issues related to seeking professional help to minimize alcohol or other drug use problems

PROGRAM OUTCOME III. REDUCE PROBLEMS RELATED TO ALCOHOL OR OTHER DRUGS

Learner Outcome 4: Students will not abuse prescription or over the counter drugs.

Instructional Dimension	Description
Cognitive	—Students will know that misuse/abuse of prescription/legal drugs is inappropriate and may cause problems —Students will understand the definition of misuse/abuse of drugs that are legal —Students will know the use of prescriptions by someone other than intended is inappropriate —Students will understand the synergism of chemical reactions —Students will know that more isn't better
Affective	—Students will value their health by not abusing prescription or over the counter drugs
Personal Skills	—Students will consult a health professional before using more than one drug simultaneously —Students will be very selective before using over the counter drugs —Students will place all over the counter drugs and prescriptions out of reach of children —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to not abusing prescription or over the counter drugs
Social Action	—Students will encourage peers and family to exercise —Students will exhibit caution in using over the counter or prescription drugs —Students will be health advocates by communicating on issues related to not abusing prescription or over the counter drugs

PROGRAM OUTCOME III. REDUCE PROBLEMS RELATED TO ALCOHOL OR OTHER DRUGS

Learner Outcome 5: Students will not swim, drive, or operate equipment while under the influence of alcohol or other drugs

Instructional Dimension	Description
Cognitive	—Students will know the use of drugs or alcohol has immediate effects that increase the personal risk of injury and other problems —Students will understand factors that determine the effects of drugs or alcohol —Students will understand drug or alcohol absorption and oxidation —Students will understand the effects of drug or alcohol —Students will know what blood alcohol level is —Students will know that saying no to drugs or alcohol is a responsible decision for the promotion of personal safety
Affective	—Students will believe that personal safety is a high priority in their lives —Students will have fun without using drugs or alcohol
Personal Skills	—Students will develop refusal skills —Students will plan alcohol-free activities —Students seek available assistance from parents, adults, professionals, and friends —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to not swimming, driving, or operating equipment while under the influence of drugs or alcohol
Social Action	—Students will share personal convictions regarding non-drug or non-alcohol behavior —Students will take action to prevent or reduce personal injury to others —Students will support family, school, and community efforts to prevent or reduce personal injury —Students will be health advocates by communicating on issues related to not swimming, driving, or operating equipment while under the influence of drugs or alcohol

PROGRAM OUTCOME III. **REDUCE PROBLEMS RELATED TO ALCOHOL OR OTHER DRUGS**

Learner Outcome 6: **Students will not risk their personal safety with anyone who is using or under the influence of alcohol or other drugs**

Instructional Dimension	Description
Cognitive	—Students will believe that riding, hunting, boating, snowmobiling, etc., with a person who is under the influence of chemicals can have a negative impact on one's health —Students will understand that chemicals impair body functions, especially those which contribute to safe driving, operation of machinery, use of firearms, recreational activities
Affective	—Students will believe that the joy of life can be drastically altered or terminated while riding with a drug-impaired driver —Students will believe that any alcohol or drug influences driving
Personal Skills	—Students will develop refusal skills —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to not risking their personal safety with anyone who is using or under the influence of drugs or alcohol
Social Action	—Students will support community efforts to reduce impaired driving (SADD, MADD, etc.) and assert their right to a safe environment —Students will be health advocates by communicating on issues related to not risking their personal safety with anyone who is using or under the influence of drugs or alcohol

PROGRAM OUTCOME III. **REDUCE PROBLEMS RELATED TO ALCOHOL OR OTHER DRUGS**

Learner Outcome 7: **Students will take action to minimize the negative effects of alcohol use.**

Instructional Dimension	Description
Cognitive	—Students will know that alcohol use can create negative consequences —Students will know that they can reduce these consequences —Students will know the negative effects of alcohol (i.e., legal, social, academic, cultural, physiological, careless behavior) —Students will understand the physiology of alcohol —Students will understand the legal aspects of alcohol
Affective	—Students will protect self and others from potential negative effects of alcohol —Students will act on personal responsibility to promote chemical health in self and others
Personal Skills	—Students will develop refusal skills —Students will develop communication skills —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to taking action to minimize the negative effects of alcohol use
Social Action	—Students will support legal, social, and community efforts and standards —Students will be health advocates by communicating on issues related to taking action to minimize the negative effects of alcohol use

PROGRAM OUTCOME III. **REDUCE PROBLEMS RELATED TO ALCOHOL OR OTHER DRUGS**

Learner Outcome 8: **Students will follow legal and health guidelines regarding alcohol consumption.**

Instructional Dimension	Description
Cognitive	—Students will know that alcohol use can create serious health and legal problems —Students will know the legal aspects of alcohol consumption —Students will know the health guidelines of alcohol consumption

Affective	—Students will develop a personal confidence in a life style without the use of alcohol —Students will understand the importance of knowing and following laws and guidelines
Personal Skills	—Students will develop refusal skills related to not drinking or attending parties where alcohol is served —Students will spend money on health-related activities and products rather than alcohol —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to following legal and health guidelines regarding alcohol consumption
Social Action	—Students will encourage others to follow legal and health guidelines regarding alcohol consumption —Students will be health advocates by communicating on issues related to following legal and health guidelines regarding alcohol consumption

PROGRAM OUTCOME IV. IMPROVE HEALTH-RELATED PHYSICAL FITNESS

Learner Outcome 1: Students will maintain target heart rate for at least 20 minutes a minimum of three days a week.

Instructional Dimension	Description
Cognitive	—Students will know that regular exercise will contribute to one's health and well-being —Students will be able to identify personal training effects —Students will know the components of a good exercise program —Students will be able to identify working heart rate —Students will understand physical activities in terms of their fitness benefit —Students will understand health problems associated with inadequate fitness levels —Students will understand the contribution of an adequate diet to fitness —Students will understand fluid/electrolyte balance —Students will know that a fitness program needs to meet the individual needs and interests
Affective	—Students will know that an improved fitness level will enhance health and well-being

Personal Skills	—Students will set attainable fitness goals —Students will develop and implement a fitness program based on resources —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to maintaining target heart rate for at least 20 minutes a minimum of three days a week —Students will assess their energy intake and energy output to maintain their desired weight
Social Action	—Students will recognize the need for fitness programs for all ages in their community —Students will invite friends to participate in exercise programs —Students will support the need of the population to maintain its fitness —Students will be able to discuss the benefits of health on issues related to maintaining target heart rate for at least 20 minutes a minimum of three days a week

PROGRAM OUTCOME IV. IMPROVE HEALTH-RELATED PHYSICAL FITNESS

Learner Outcome 2: Students will periodically assess their personal health-related fitness.

Instructional Dimension	Description
Cognitive	—Students will know the practice of fitness has a positive effect on one's health —Students will understand components of health-related fitness —Students will identify methods of assessing health-related fitness components —Students will understand health problems associated with inadequate fitness levels
Affective	—Students will believe an ongoing health-related assessment is necessary —Students will believe in the importance of an ongoing health-related assessment

Personal Skills	—Students will analyze the results of the health-related assessment —Students will set goals —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to periodically assessing their personal health-related fitness
Social Action	—Students will understand and compare available equipment for health-related assessments —Students will share information with others —Students will be health advocates by communicating on issues related to periodically assessing their personal health-related fitness

PROGRAM OUTCOME IV. IMPROVE HEALTH-RELATED PHYSICAL FITNESS

Learner Outcome 3: Students will practice safety techniques while participating in activities

Instructional Dimension	Description
Cognitive	—Students will understand that safety practices are an integral component of physical activities —Students will be able to identify safe procedures to be followed —Students will be able to identify safety precautions when exercising —Students will have a knowledge of high risk activities —Students will be able to identify safety equipment
Affective	—Students will decide to carry out a safe fitness program —Students will be conscious of safety factors of self and others when participating in fitness activities
Personal Skills	—Students will practice safety rules and procedures —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to practicing safety techniques in activities

Social Action	—Students will be proactive —Students will understand the environmental impact of safety —Students will demonstrate responsible behaviors for self and others during fitness activities —Students will be health advocates by communicating on issues related to practicing safety techniques in activities

PROGRAM OUTCOME IV. IMPROVE HEALTH-RELATED PHYSICAL FITNESS

Learner Outcome 4: Students will participate and encourage others to be involved in activities that will increase and maintain health-related fitness.

Instructional Dimension	Description
Cognitive	—Students will participate in activities (that will increase one's health-related fitness) —Students will understand the relationship between physical activity and stress management
Affective	—Students will believe that both mental and physical fitness are in large part dependent upon maintaining a physically active life style appropriate for one's stages in life
Personal Skills	—Students will exhibit a positive attitude toward physical self and lifelong physical activity —Students will evaluate activities in terms of their fitness value —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to participating and encouraging others to be involved in activities that will increase and maintain health-related fitness

PROGRAM OUTCOME IV. **IMPROVE HEALTH-RELATED PHYSICAL FITNESS**

Learner Outcome 5: **Students will participate in play because of the physical, social, and psychological contributions.**

Instructional Dimension	Description
Cognitive	—Students will know there are many physical, social, and psychological benefits to be gained in play —Students will know the physiological benefits of play —Students will understand the social benefits of play —Students will understand the psychological benefits of play —Students will be able to identify types of play and the benefits of each
Affective	—Students will value participation and play —Students will act on the personal conviction that play is an important component in a healthy life style
Personal Skills	—Students will develop decision-making skills —Students will prioritize play activities —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to participating in play because of the physical, social, and psychological contributions
Social Action	—Students will encourage others to join them or others in play activities —Students will be health advocates by communicating on issues related to participating in play because of the physical, social, and psychological contributions

PROGRAM OUTCOME V. **PREVENT AND CONTROL HIV INFECTION AND AIDS**

Learner Outcome 1: **Students will abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship.**

Instructional Dimension	Description
Cognitive	—Students will understand anyone engaging in vaginal and anal intercourse or oral sex is at risk for contracting HIV infections and AIDS —Students will understand that abstinence from anal, vaginal intercourse is an effective method for preventing the spread of HIV infection and AIDS —Students will understand the impact of alcohol and drugs on decisions regarding sexual activity —Students will understand anatomy/physiology of human reproductive systems —Students will be able to identify healthy alternatives to expressing needs —Students will understand impact of HIV infection and AIDS on individual, family, and community —Students will recognize the myths regarding transmission of HIV infection and AIDS —Students will be able to identify available community resources
Affective	—Students will feel good about delaying sexual activity —Students will respect and support decision of others to abstain
Personal Skills	—Students will develop communication skills with significant others —Students will practice effective refusal skills —Students will assert control over their own bodies —Students will set personal goals —Students will have the ability to analyze media messages —Students will avoid alcohol and drug use because of effect on judgement regarding sexual behavior —Students will replace high risk sexual behavior with alternative means of appropriate sexual expression —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to abstaining from sexual intercourse until they are ready to establish a mutually monogamous relationship

Social Action	—Students will respect and support decision of others to abstain —Students will encourage friends to abstain or use effective preventive measures (from high risk behavior) —Students will recognize that many adolescents over-estimate the prevalence of sexual activity within their peer groups —Students will be health advocates by communicating on issues related to abstaining from sexual intercourse until they are ready to establish a mutually monogamous relationship

PROGRAM OUTCOME V. **PREVENT AND CONTROL HIV INFECTION AND AIDS**

Learner Outcome 2: **Students will refrain from using or injecting illicit drugs.**

Instructional Dimension	Description
Cognitive	—Students will understand that HIV infection and AIDS can be spread through IV drug use, and the spread can be reduced with the use of new, sterile needles —Students will be able to define HIV infection and AIDS —Students will be able to identify symptoms of HIV infection and AIDS
Affective	—Students will believe that you can reduce spread of HIV infection and AIDS —Students will respect and support decisions of others to abstain
Personal Skills	—Students will set personal self-care goals that include refraining from using or injecting illicit drugs —Students will develop refusal skills —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to refraining from using or injecting illicit drugs
Social Action	—Students will encourage those who use IV drugs to abstain —Students will openly communicate on issues related to refraining from using or injecting illicit drugs

PROGRAM OUTCOME V. **PREVENT AND CONTROL HIV INFECTION AND AIDS**

Learner Outcome 3: **Students who have engaged in sexual intercourse will stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship.**

Instructional Dimension	Description
Cognitive	—Students will recognize that those who are having sexual intercourse should re-examine their behavior and take steps to reduce or eliminate the risk of contracting HIV infection or AIDS by deciding to discontinue sexual intercourse —Students will be able to identify the possible consequences of sexual intercourse during adolescence to one's physical, mental, and social health —Students will be able to identify the qualities of healthy relationships —Students will be able to identify components and progression of healthy sexual activity
Affective	—Students will consider the benefits of a mutually monogamous sexual relationship —Students will believe that an individual has the right to change his or her mind with regard to sexual activity in a relationship
Personal Skills	—Students will acknowledge one's right to re-examine sexual behavior and to change that behavior —Students will re-examine one's sexual behavior to determine impact on other components in health —Students will identify and effectively use appropriate resources
Social Action	—Students will encourage discussion and communication about appropriate sexual activity as an adolescent —Students will support others in their decision to remain or become abstinent —Students will openly communicate on issues related to stopping sexual intercourse until they are ready to establish a mutually monogamous relationship

PROGRAM OUTCOME V. **PREVENT AND CONTROL HIV INFECTION AND AIDS**

Learner Outcome 4: **Students who have injected illicit drugs will stop using or injecting illicit drugs.**

Instructional Dimension	Description
Cognitive	—Students will know that injection of illicit drugs is a high risk behavior with regard to contracting HIV infection —Students will be able to identify high risk behaviors associated with contracting HIV infection —Students will be able to discuss why adolescents are considered a primary risk group for contracting the AIDS virus —Students will be able to identify resources for obtaining help in stopping the use of illicit drugs —Students will understand why injecting illicit drugs is a risk behavior
Affective	—Students will believe that injection of illicit drugs puts one at higher risk for contracting HIV infection
Personal Skills	—Students will seek help in stopping the use of injecting illicit drugs —Students will seek support in continuing to be a non-user —Students will practice refusal skills to maintain new behavior —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to stopping use or injection of illicit drugs
Social Action	—Students will support others who have quit using or injecting illicit drugs —Students will encourage others who continue using or injecting illicit drugs to stop —Students will openly communicate on issues related to stopping use or injection of illicit drugs

PROGRAM OUTCOME V. **PREVENT AND CONTROL HIV INFECTION AND AIDS**

Learner Outcome 5: **Students engaging in sexual intercourse will avoid sexual intercourse with anyone who is at risk of being infected, or whose HIV infection status is not known.**

Instructional Dimension	Description
Cognitive	—Students will understand that vaginal or anal intercourse or oral sex with anyone at risk of being infected or whose HIV infection status is unknown puts one at potential risk for contracting HIV infection —Students will be able to describe why sexual intercourse is a high risk behavior —Students will understand why one's partner's previous sexual activity may put one at risk —Students will be able to describe how various tests for HIV infection are conducted and what the results of those tests may mean
Affective	—Students will accept responsibility for determining whether or not one's partner is at risk of being infected —Students will believe that one's partner's current and previous sexual activity puts one at higher risk for contracting HIV infection
Personal Skills	—Students will determine ways to establish communication within a relationship —Students will practice ways of discussing HIV testing with one's sexual partner —Students will practice refusal skills if necessary and avoid sexual intercourse —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to avoiding sexual intercourse with anyone who is at risk of being infected, or whose HIV infection status is not known

Social Action	—Students will encourage others to communicate with their sexual partner to assess personal risk and to avoid intercourse if partner is at risk —Students will be health advocates by communicating on issues related to avoiding sexual intercourse with anyone who is at risk of being infected, or whose HIV infection status is not known

PROGRAM OUTCOME V. **PREVENT AND CONTROL HIV INFECTION AND AIDS**

Learner Outcome 6: **Students engaging in sexual intercourse will use a latex condom with spermicide if they engage in sexual intercourse.**

Instructional Dimension	Description
Cognitive	—Students will understand that anyone engaging in vaginal and anal intercourse and oral sex is at risk for contracting HIV infection and AIDS —Students will be able to identify the methods that exist for reducing the risk of contracting HIV infection and AIDS if one chooses to be sexually active —Students will understand anatomy/physiology of the reproductive system —Students will be able to identify ways HIV infection and AIDS are spread —Students will be able to identify high risk behaviors - multiple partners, anal intercourse, and bisexual intercourse —Students will be able to identify symptoms of HIV infection and AIDS —Students will understand impact of engaging in high risk behaviors on individual and society —Students will be able to identify health care resources related to HIV infection and AIDS —Students will recognize myths and spreading HIV infection and AIDS
Affective	—Students will recognize personal responsibility to reduce risk of spreading HIV infection and AIDS —Students will respect and support decision of others to use effective prevention methods —Students will believe that prevention methods will be effective —Students will value self and partner enough to use prevention method

Personal Skills	—Students will decide which methods to use —Students will set personal goals/sexual standards —Students will communicate with partner regarding sexual issues—consequences of behavior, prevention methods —Students will develop refusal skills —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to using a latex condom with spermicide if they engage in sexual intercourse
Social Action	—Students will respect and support the decision of others to use effective prevention methods —Students will encourage friends to behave responsibly in preventing HIV infection and AIDS —Students will be health advocates by openly communicating on issues related to using a latex condom with spermicide if they engage in sexual intercourse

PROGRAM OUTCOME V. **PREVENT AND CONTROL HIV INFECTION AND AIDS**

Learner Outcome 7: **Students using or injecting illicit drugs will seek treatment if addicted to illicit drugs.**

Instructional Dimension	Description
Cognitive	—Students will understand that those who use illicit drugs put themselves at risk of dependency upon those drugs —Students will understand that if one becomes addicted, professional treatment is necessary to overcome the addiction —Students will be able to define terms associated with drug dependencies and describe the characteristics of each —Students will be able to describe the relationship between illicit drug use and risk of contracting HIV infection and AIDS —Students will be able to identify methods of treatment for addiction to illicit drugs —Students will be able to locate local resources for chemical dependency

Affective	—Students will recognize indications of addiction —Students will seek treatment for addiction —Students will believe that use of illicit drugs puts one at risk for addictions as well as higher risk for contracting HIV infection and AIDS
Personal Skills	—Students will participate in a treatment program —Students will seek support in maintaining abstinence —Students will practice refusal skills to maintain new behaviors —Students will identify and effectively locate and use appropriate resources for increasing their knowledge, treatment, and self-care —Students will effectively read, write, and speak on issues related to using or injecting illicit drugs and seeking treatment if addicted to illicit drugs
Social Action	—Students will support others who have quit using illicit drugs —Students will encourage those who continue to use illicit drugs to re-examine their behaviors —Students will be health advocates by communicating on issues related to using or injecting illicit drugs and seeking treatment if addicted to illicit drugs

PROGRAM OUTCOME V. **PREVENT AND CONTROL HIV INFECTION AND AIDS**

Learner Outcome 8: **Students using or injecting illicit drugs will not share needles or other injection equipment.**

Instructional Dimension	Description
Cognitive	—Students will know that using intravenous (IV) drugs and sharing needles or syringes of any kind is a high risk behavior with regard to contracting HIV infection and AIDS —Students will recognize various types of high risk behaviors associated with the use of needles or syringes —Students will be able to describe why the use of needles or syringes is considered a high risk behavior, especially among adolescents

Affective	—Students will acknowledge that use of IV drugs and behaviors associated with using IV drugs are high risk behaviors —Students will believe that behavior such as sharing IV drug needles puts one at higher risk for contracting HIV infection and AIDS
Personal Skills	—Students will make a personal commitment not to share needles, if they choose to use IV drugs —Students will re-examine one's use of illicit drugs using a decision making model —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to using or injecting illicit drugs and not sharing needles or other injection equipment
Social Action	—Students will support others in their decision not to use IV drugs —Students will encourage others who do use not to share needles —Students will be health advocates by communicating on issues related to using or injecting illicit drugs and not sharing needles or other injection equipment

PROGRAM OUTCOME V. **PREVENT AND CONTROL HIV INFECTION AND AIDS**

Learner Outcome 9: **Students will seek HIV infection and AIDS counseling and testing if HIV, AIDS, or other sexually transmitted diseases (STD), infection is suspected.**

Instructional Dimension	Description
Cognitive	—Students will be able to identify the appropriate health care resources available to assist in the prevention and treatment of HIV infection and AIDS —Students will recognize the importance of compliance (reporting partner) —Students will be able to identify symptoms of HIV infection and AIDS —Students will recognize the myths of spreading HIV infection and AIDS —Students will be able to understand the importance of asymptomatic awareness

Affective	—Students will be personally responsible for treatment —Students will believe resources will help in reducing the adverse effects of HIV infection and AIDS —Students will believe in (value) responsibility **not** to infect self and others
Personal Skills	—Students will decide to use appropriate resources regarding AIDS and other sexually transmitted diseases —Students will set personal goals —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to seeking HIV counseling and testing if HIV, or other sexually transmitted diseases, infection is suspected
Social Action	—Students will take action to prevent the spread of HIV infection and AIDS by reporting partner(s) to appropriate health care resources —Students will behave responsibly —Students will use the available health care resources —Students will have assurance of confidentiality —Students will be active in peer education programs —Students will be health advocates by communicating on issues related to seeking HIV counseling and testing if HIV, or other sexually transmitted diseases, infection is suspected

PROGRAM OUTCOME VI. **PREVENT AND CONTROL SEXUALLY TRANSMITTED DISEASES**

Learner Outcome 1: **Students will abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship.**

Instructional Dimension	Description
Cognitive	—Students will understand that anyone engaging in vaginal and anal intercourse or oral sex is at risk for contracting sexually transmitted diseases —Students will understand that abstinence from anal and/or vaginal intercourse is the most effective method for preventing the spread of sexually transmitted diseases —Students will understand the impact of alcohol or other drugs on decisions regarding sexual activity

—Students will understand anatomy/physiology of the human reproductive systems
—Students will be able to identify healthy alternatives to expressing sexual needs
—Students will understand impact of sexually transmitted diseases on individual, family, community, and society
—Students will recognize myths regarding the transmission of sexually transmitted diseases
—Students will be able to identify available community resources
—Students will recognize that many adolescents overestimate the prevalence of sexual activity within their peer groups

Affective

—Students will feel good about delaying sexual activity
—Students will respect and support the decision of others to abstain

Personal Skills

—Students will develop communication skills with significant others
—Students will practice effective refusal skills
—Students will assert control over their own bodies
—Students will set personal goals
—Students will have the ability to analyze media messages
—Students will avoid alcohol and other drug use because of affect on judgement regarding sexual behavior
—Students will replace high risk sexual behavior with alternative means of appropriate sexual expression
—Students will identify and effectively use appropriate resources
—Students will effectively read, write, and speak on issues related to abstaining from sexual intercourse until they are ready to establish a mutually monogamous relationship

Social Action

—Students will respect and support decision of others to abstain
—Students will encourage friends to abstain (from high risk behavior) or use effective preventive measures
—Students will have responsibility in preventing sexually transmitted diseases, delaying sexual intercourse being the most effective approach
—Students will be health advocates by communicating on issues related to abstaining from sexual intercourse until they are ready to establish a mutually monogamous relationship

PROGRAM OUTCOME VI. **PREVENT AND CONTROL SEXUALLY TRANSMITTED DISEASES**

Learner Outcome 2: **Students who have engaged in sexual intercourse will stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship.**

Instructional Dimension	Description
Cognitive	—Students will recognize that those who are having sexual intercourse should re-examine their behavior and take steps to reduce or eliminate the risk of contracting sexually transmitted diseases by deciding to discontinue sexual activity —Students will be able to identify the possible consequences of sexual intercourse during adolescence to one's physical, mental, and social health —Students will be able to identify the characteristics of healthy relationships —Students will be able to identify components and progression of healthy sexual activity
Affective	—Students will consider the benefits of a mutually monogamous sexual relationship —Students will re-examine one's sexual behavior to determine impact on other components in health
Personal Skills	—Students will acknowledge one's right to re-examine sexual behavior and to change that behavior —Students will re-examine one's sexual behavior to determine impact on other components in health —Students will identify and effectively use appropriate resources
Social Action	—Students will encourage discussion and communication about appropriate sexual activity as an adolescent —Students will support others in their decision to remain or become abstinent —Students will be health advocates by communicating on issues related to encouraging those engaging in sexual intercourse to stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship

PROGRAM OUTCOME VI. **PREVENT AND CONTROL SEXUALLY TRANSMITTED DISEASES**

Learner Outcome 3: **Students engaging in sexual intercourse will avoid sexual intercourse with anyone who is at risk of a sexually transmitted disease infection.**

Instructional Dimension	Description
Cognitive	—Students will understand that vaginal or anal intercourse or oral sex with anyone at risk of being infected or whose sexually transmitted disease infection status is unknown puts one at potential risk of contracting a sexually transmitted disease —Students will be able to describe why sexual intercourse is a high risk behavior —Students will understand why one's partner's previous sexual activity may put one at risk —Students will be able to describe how various tests for sexually transmitted diseases are conducted and what the results of those tests may mean
Affective	—Students will accept responsibility for determining whether or not one's partner is at risk of being infected —Students will believe that one's partner's current and previous sexual activity puts one at higher risk for contracting a sexually transmitted disease
Personal Skills	—Students will determine ways to establish communication within a relationship —Students will practice ways of discussing sexually transmitted disease testing with one's sexual partner —Students will practice refusal skills if necessary and avoid sexual intercourse —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to avoiding sexual intercourse with anyone who is at risk of a sexually transmitted disease infection

Social Action	—Students will encourage others to communicate with their sexual partner to assess personal risk and to avoid intercourse if partner is at risk —Students will be health advocates by communicating on issues related to avoiding sexual intercourse with anyone who is at risk of a sexually transmitted disease infection

PROGRAM OUTCOME VI. PREVENT AND CONTROL SEXUALLY TRANSMITTED DISEASES

Learner Outcome 4: Students engaging in sexual intercourse will use a latex condom with spermicide if they engage in sexual intercourse.

Instructional Dimension	Description
Cognitive	—Students will understand that anyone engaging in vaginal and anal intercourse and oral sex is at risk for contracting sexually transmitted diseases —Students will be able to identify the methods that exist for reducing the risk of contracting sexually transmitted diseases if one chooses to be sexually active —Students will understand the anatomy/physiology of the reproductive system —Students will be able to identify ways sexually transmitted diseases are spread —Students will be able to identify high risk behaviors—multiple partners, anal intercourse, and bisexual intercourse —Students will be able to identify symptoms of sexually transmitted diseases —Students will understand impact of engaging in high risk behaviors on individual and society —Students will be able to identify health care resources related to sexually transmitted diseases —Students will recognize myths regarding the spread of sexually transmitted diseases
Affective	—Students will recognize personal responsibility to reduce risk of spreading sexually transmitted diseases —Students will respect and support decision of others to use effective prevention —Students will believe that prevention methods will be effective —Students will value self and partner enough to use prevention method

Personal Skills	—Students will decide which methods to use —Students will set personal goals and sexual standards —Students will communicate with partner regarding sexual issues - consequences of behavior, prevention methods, etc. —Students will develop refusal skills —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to the use of a latex condom with spermicide
Social Action	—Students will respect and support the decision of others to use effective prevention methods —Students will encourage friends to behave responsibly in preventing sexually transmitted diseases —Students will be health advocates by communicating on issues related to the use of a latex condom with spermicide

PROGRAM OUTCOME VI. PREVENT AND CONTROL SEXUALLY TRANSMITTED DISEASES

Learner Outcome 5: Students will seek diagnosis and treatment for sexually transmitted diseases if sexually active.

Instructional Dimension	Description
Cognitive	—Students will identify the appropriate health care resources available to assist in the prevention and treatment of sexually transmitted diseases —Students will recognize the importance of compliance (reporting partner) —Students will be able to identify types of sexually transmitted diseases —Students will be able to identify symptoms of sexually transmitted diseases —Students will recognize the myths of spreading sexually transmitted diseases —Students will understand the importance of asymptomatic awareness

Affective	—Students will be personally responsible for treatment —Students will believe resources will help in reducing adverse effects of sexually transmitted diseases —Students will believe in (value) responsibility **not** to infect self and others
Personal Skills	—Students will decide to use appropriate resources regarding sexually transmitted diseases —Students will set personal goals —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to seeking diagnosis and treatment of sexually transmitted diseases if sexually active
Social Action	—Students with STD infections will take action to prevent the spread of sexually transmitted diseases by reporting partner to appropriate health care professionals —Students will behave responsibly —Students will use the available health care resources —Students will have assurance of confidentiality —Students will be active in peer education programs —Students will be health advocates by communicating on issues related to seeking diagnosis and treatment of sexually transmitted diseases if sexually active

PROGRAM OUTCOME VII. REDUCE THE INCIDENCE OF ADOLESCENT SUICIDE

Learner Outcome 1: Students will not intentionally hurt themselves.

Instructional Dimension	Description
Cognitive	—Students will know that intentionally hurting one's self is considered a precursor to suicidal behaviors —Students will know that adolescents must be aware of negative impact of such behaviors on their health as well as become aware of more positive ways to deal with their problems —Students will be able to identify characteristics of persons who are mentally healthy —Students will be able to distinguish between stress and distress —Students will be able to identify stressors in daily life

—Students will be able to relate excess stress to mental and physical health
—Students will be able to distinguish between constructive and discontructive ways of behaving in response to their feelings
—Students will be able to describe ways to cope with and manage feelings and stress
—Students will be able to identify personal and cultural stressors in one's daily life
—Students will be able to identify coping strategies that can help them manage those stressors

Affective

—Students will believe that feelings and stress are a part of our lives
—Students will believe that there are positive and negative ways to react to feelings and stress that affect one's health

Personal Skills

—Students will determine and practice ways to minimize the effects of stress (relaxation techniques, assertive communication skills, etc.)
—Students will identify and effectively use appropriate resources
—Students will effectively read, write, and speak on issues related to not intentionally hurting themselves

Social Action

—Students will develop listening and communication skills to help others sort out feelings and deal with stressors
—Students will transfer knowledge of coping skills to others
—Students will effect change in eliminating undesirable stress in their families, schools, and communities
—Students will be health advocates by communicating on issues related to not intentionally hurting themselves

PROGRAM OUTCOME VII. REDUCE THE INCIDENCE OF ADOLESCENT SUICIDE

Learner Outcome 2: Students will recognize the signals of a potential suicide.

Instructional Dimension	Description
Cognitive	—Students will know that recognizing possible signals of a potential suicide will reduce the incidence of adolescent suicide —Students will recognize signals indicating that stress is becoming distress —Students will be able to discuss causes of suicide —Students will be able to identify behavioral changes that might indicate a person may be contemplating suicide —Students will be able to identify the components of healthful and responsible relationships —Students will be able to identify the responsibilities involved in family and friendships
Affective	—Students will believe that a healthful and responsible relationship involves reporting another's suicide intentions
Personal Skills	—Students will practice communication skills and intervention strategies —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to recognizing the signals of a potential suicide
Social Action	—Students will transfer knowledge of signals of potential suicide to others —Students will be health advocates by communicating issues related to recognizing the signals of a potential suicide

PROGRAM OUTCOME VII. REDUCE THE INCIDENCE OF ADOLESCENT SUICIDE

Learner Outcome 3: Students will provide appropriate support to a potential suicide.

Instructional Dimension	Description
Cognitive	—Students will know that appropriate support to a potential suicide victim will reduce the incidence of adolescent suicide —Students will be able to identify ways to help when they suspect someone is contemplating suicide
Affective	—Students will believe that providing appropriate support to a potential suicide victim is part of healthy responsible relationships
Personal Skills	—Students will practice crisis identification practice —Students will practice crisis intervention skills —Students will contact appropriate resources —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to providing appropriate support to a potential suicide
Social Action	—Students will support community efforts to deal with suicide —Students will be health advocates by communicating on issues related to providing appropriate support to a potential suicide

PROGRAM OUTCOME VII. REDUCE THE INCIDENCE OF ADOLESCENT SUICIDE

Learner Outcome 4: Students will seek appropriate support and assistance during times of stress and depression.

Instructional Dimension	Description
Cognitive	—Students will know that appropriate support and assistance during times of stress and depression will result in reducing the incidence of adolescent suicide —Students will know the warning signs that signal a change in mental health status

	—Students will be able to identify persons or facilities that can provide help —Students will be able to identify suicide prevention resources
Affective	—Students will believe that seeking support and assistance during times of stress and depression are positive health behaviors
Personal Skills	—Students will outline and practice ways of obtaining help —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to seeking appropriate support and assistance during times of stress and depression
Social Action	—Students will set positive examples when personal problems arise —Students will encourage and assist others to seek appropriate resources in times of crisis —Students will be health advocates by communicating on issues related to seeking appropriate support and assistance during times of stress and depression

PROGRAM OUTCOME VIII. REDUCE THE INCIDENCE OF ABUSE AND VIOLENCE

Learner Outcome 1: Students will protect themselves against abuse and violence.

Instructional Dimension	Direction
Cognitive	—Students will be able to identify and define major categories of abuse/violence, i.e., physical, emotional, mental, sexual, neglect —Students will recognize sexual harassment is a form of abuse —Students will be able to identify various reasons for abuse/violence
Affective	—Students will believe abuse is not the norm —Students will believe they can protect themselves
Personal Skills	—Students will recognize and report when they have been abused/violated or sexually harassed —Students will protect themselves from potentially abusive violent situations

	—Students will develop refusal skills —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to protecting themselves against abuse and violence
Social Action	—Students will inform others how to protect themselves —Students will be health advocates by communicating on issues related to protecting themselves against abuse and violence

PROGRAM OUTCOME VIII. REDUCE THE INCIDENCE OF ABUSE AND VIOLENCE

Learner Outcome 2: Students will recognize and respond with assistance and support to the signals of existing or potential abuse in self and others

Instructional Dimension	Description
Cognitive	—Students will be able to identify the signals of existing or potential abuse and violence —Students will understand the importance of timely reporting of existing or potential abuse and violence —Students will understand the harmful effects (both short- and long-range) of abuse —Students will understand the legal aspects of abuse and violence
Affective	—Students will believe that help is available for victims of abuse and violence —Students will be sensitive to those who are in abusive relationships —Students will believe that they, as victims, are not responsible for the abuse —Students will believe that nobody should be abused —Students will believe that abuse is not normal
Personal Skills	—Students will report existing or potential abuse —Students will support those who are in abusive relationships —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to recognizing and responding with assistance and support to the signals of existing or potential abuse in self and others

Social Action	—Students will listen to others in need of help —Students will seek assistance —Students will report abuse —Students will be health advocates by communicating on issues related to recognizing and responding with assistance and support to the signals of existing or potential abuse in self and others

PROGRAM OUTCOME VIII. REDUCE THE INCIDENCE OF ABUSE AND VIOLENCE

Learner Outcome 3: Students will seek support and assistance when abused.

Instructional Dimension	Description
Cognitive	—Students will know there are ways to receive help when being abused —Students will know abuse is not the norm —Students will understand types of abuse —Students will know resources available for assistance —Students will understand the legal aspects —Students will recognize that it needs to be talked about
Affective	—Students will believe that they do not deserve the treatment —Students will believe that there is help available
Personal Skills	—Students will be aware of abusive treatment —Students will seek assistance —Students will talk about the abuse —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to seeking support and assistance when abused
Social Action	—Students will form support groups —Students will be health advocates by communicating on issues related to seeking support and assistance when abused

PROGRAM OUTCOME VIII. REDUCE THE INCIDENCE OF ABUSE AND VIOLENCE

Learner Outcome 4: Students will not physically, emotionally, culturally or sexually abuse others

Instructional Dimension	Description
Cognitive	—Students will understand that abuse is a negative behavior —Students will understand the effects of abuse on individuals —Students will understand the legal aspects of abuse —Students will understand the types of abuse
Affective	—Students will believe that abuse is wrong
Personal Skills	—Students will be responsible and in control of emotions —Students will get help for abusing behaviors —Students will set realistic goals to help break habit of abuse —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to not physically, emotionally, or sexually abusing others
Social Action	—Students will recognize chain of abusive behavior (abused tend to become abusers) —Students will respect others enough to not harm them —Students will be health advocates by communicating on issues related to not physically, emotionally, or sexually abusing others

PROGRAM OUTCOME IX. IMPROVE MENTAL AND EMOTIONAL HEALTH

Learner Outcome 1: Students will demonstrate a positive self-concept.

Instructional Dimension	Description
Cognitive	—Students will know that a positive self-concept is basic to one's overall health status —Students will know the components of a positive self-concept —Students will understand how self-concept relates to other aspects of health —Students will understand methods for maintaining a positive self-concept

Affective	—Students will believe they are unique —Students will believe they are capable and lovable —Students will believe that a positive self-concept is necessary for optimum health
Personal Skills	—Students will set attainable goals for self in order to achieve self-worth —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to demonstrating a positive self-concept
Social Action	—Students will reinforce others positively —Students will be health advocates by communicating on issues related to demonstrating a positive self-concept

PROGRAM OUTCOME IX. IMPROVE MENTAL AND EMOTIONAL HEALTH

Learner Outcome 2: Students will demonstrate various methods for emotional expression.

Instructional Dimension	Description
Cognitive	—Students will know there are several ways to express various emotions —Students will know how to identify emotions —Students will be able to identify appropriate means to express those emotions —Students will recognize the need to express their emotions
Affective	—Students will believe they are responsible for their feelings —Students will believe they can express emotions in appropriate ways
Personal Skills	—Students will decide and practice on methods to use for emotional expression —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to demonstrating various methods for emotional expression

Social Action	—Students will support others in their expression of emotions —Students will listen to others —Students will be health advocates by communicating on issues related to demonstrating various methods for emotional expression

PROGRAM OUTCOME IX. IMPROVE MENTAL AND EMOTIONAL HEALTH

Learner Outcome 3: Students will use effective speaking and listening skills.

Instructional Dimension	Description
Cognitive	—Students will know that effective communication will enable them to accurately convey messages —Students will be able to differentiate between mental and emotional states of mind —Students will be able to identify strengths and weaknesses
Affective	—Students will value the benefits of expressing thought, and needs
Personal Skills	—Students will improve communication skills by listening carefully to others —Students will communicate thoughts and ideas —Students will communicate wants and needs —Students will communicate feelings —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to using effective speaking and listening skills
Social Action	—Students will encourage others to improve communication skills —Students will be health advocates by communicating on issues related to using effective speaking and listening skills

PROGRAM OUTCOME IX. IMPROVE MENTAL AND EMOTIONAL HEALTH

Learner Outcome 4: Students will decrease self-abusive behaviors.

Instructional Dimension	Description
Cognitive	—Students will know there are self-abusive behaviors —Students will be able to identify the many types of self-abusive behaviors —Students will understand the relationship between self-esteem and self-abusive behaviors —Students will be able to identify resources —Students will be able to identify methods of dealing with self-abusive behaviors
Affective	—Students will believe there are negative consequences for some behaviors
Personal Skills	—Students will assess when behavior becomes self-abusive —Students will develop control over their behavior —Students will develop and practice behavior change techniques; many of which are difficult and complex —Students will express feelings —Students will know how to intervene/recognize in self/others —Students will give affirmations to self and others —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to decreasing self-abusive behaviors
Social Action	—Students will form support groups —Students will critique the media effects of advertising —Students will be health advocates by communicating on issues related to decreasing self-abusive behaviors

PROGRAM OUTCOME IX. **IMPROVE MENTAL AND EMOTIONAL HEALTH**

Learner Outcome 5. **Students will seek appropriate counsel when needed.**

Instructional Dimension	Description
Cognitive	—Students will know the power of problem solving does not solely rest with self —Students will be able to identify available resources —Students will know what questions to ask —Students will be able to identify that one has a problem
Affective	—Students will believe that problems can be overcome
Personal Skills	—Students will set a plan; goal setting —Students will develop and practice communication skills —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to seeking appropriate counsel when needed —Students will demonstrate a commitment to seeking help when needed —Students will select an appropriate agency for an identified problem —Students will analyze and compare appropriate agencies for an identified problem
Social Action	—Students will be health advocates by communicating on issues related to seeking appropriate counsel when needed

PROGRAM OUTCOME X. **REDUCE ADOLESCENT PREGNANCY AND IMPROVE REPRODUCTIVE HEALTH**

Learner Outcome 1: **Students will abstain from sexual intercourse and seek appropriate and alternative expression of sexual needs.**

Instructional Dimension	Description
Cognitive	—Students will understand the anatomy and physiology of the reproductive system —Students will be able to identify alternative means to express sexual needs (i.e., hugging, snuggling, etc.) —Students will understand that male and female sexual excitement differs in duration and intensity and can be used to avoid sexual behavior that may lead to sexual intercourse —Students will be able to identify specific refusal skills —Students will understand the body is a source of pleasure that can be expressed in ways other than sexual intercourse —Students will be aware of alternative means of meeting sexual needs
Affective	—Students will believe the need to express sexual needs is normal —Students will believe that it's "okay" not to engage in sexual intercourse —Students will understand that sexual needs can be met in alternative ways
Personal Skills	—Students will be able to decide on which alternatives are acceptable to self and partner —Students will set goals not to engage in sexual intercourse and to use alternative strategies —Students will use refusal skills to avoid sexual intercourse
Social Action	—Student will support/respect the use of alternative means of expressing sexual needs —Students will encourage others to use alternatives in place of sexual intercourse

PROGRAM OUTCOME X. **REDUCE ADOLSCENT PREGNANCY AND IMPROVE REPRODUCTIVE HEALTH**

Learner Outcome 2: **Students will use contraceptive measures if they choose to be sexually active.**

Instructional Dimension	Description
Cognitive	—Students will know that sexual activity is a high risk behavior, and that they must be responsible in using effective contraceptive measures to prevent pregnancy —Students will understand the anatomy and physiology of the male and female reproductive system —Students will be able to identify effective and ineffective contraceptive measures —Students will understand how each measure is used, precaution and safety
Affective	—Students will feel good about being sexually responsible
Personal Skills	—Students will assert themselves and require the use of effective contraceptive measures every time they are sexually active —Students will know alternatives - make selection of effective contraceptive measures —Students will require the use of effective measures every time —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to using effective contraceptive measures if they choose to be sexually active
Social Action	—Students will support/respect the rights of others to use effective contraceptive measures —Students will support/respect the rights of partner and use effective contraceptive measures —Students will take responsibility to reduce the risk of "unplanned" pregnancy —Students will be health advocates by communicating on issues related to using effective contraceptive measures if they choose to be sexually active

PROGRAM OUTCOME X. **REDUCE ADOLSCENT PREGNANCY AND IMPROVE REPRODUCTIVE HEALTH**

Learner Outcome 3: **Students will begin to develop the habit of periodic self-examination.**

Instructional Dimension	Description
Cognitive	—Students will understand the anatomy and physiology of male and female reproductive systems —Students will be able to describe effective self-examination —Students will recognize characteristics of conditions that warrant further examinations by medical personnel
Affective	—Students will feel good about being responsible for their own sexual health —Students will believe that self-examination is beneficial to one's health
Personal Skills	—Students will practice effective self-examination techniques —Students will complete self-examination on a regular basis —Students will report any concerns regarding one's self-examination to medical personnel —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to beginning to develop the habit of periodic self-examination
Social Action	—Students will support others regarding the practice of periodic self-examination —Students will support programs that educate and promote the practice of periodic self-examination —Students will be health advocates by communicating on issues related to beginning the habit of periodic self-examination

PROGRAM OUTCOME X. **REDUCE ADOLSCENT PREGNANCY AND IMPROVE REPRODUCTIVE HEALTH**

Learner Outcome 4: **Students will seek diagnosis and treatment for suspected or identified reproductive health concerns.**

Instructional Dimension	Description
Cognitive	—Students will understand the anatomy and physiology of male and female reproductive systems —Students will be able to identify appropriate resources for diagnosis and treatment for suspected or identified reproductive health concerns
Affective	—Students will value maintaining and enhancing personal reproductive health —Students will believe that they are responsible for seeking appropriate medical assistance in the diagnosis and treatment of suspected and identified reproductive health concerns
Personal Skills	—Students will list accessible resources for the diagnosis and treatment of reproductive health concerns —Students will use appropriate sources for diagnosis and treatment of sexual health concerns —Students will follow the recommendations for the diagnosis and treatment of reproductive health concerns —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to seeking diagnosis and treatment for suspected or identified reproductive health concerns
Social Action	—Students will support and respect others in seeking appropriate diagnosis and treatment of suspected or identified reproductive health concerns —Students will be health advocates by communicating on issues related to seeking diagnosis and treatment for suspected or identified reproductive health concerns

PROGRAM OUTCOME XI. **REDUCE THE NEGATIVE IMPACT OF ADOLESCENT PREGNANCY**

Learner Outcome 1. **The pregnant adolescent and her partner will seek resources and counseling regarding pregnancy outcome options.**

Instructional Dimension	Description
Cognitive	—Students will know that adolescent pregnancy is a complex and confusing situation in which the female and male need to seek out resources and counseling regarding appropriate pregnancy outcome options —Students will understand the anatomy and physiology of the human reproductive system —Students will understand the physiology of pregnancy and birth —Students will understand the emotional, social, and economic impact of parenthood —Students will understand the emotional, social, cultural, and economic impact of pregnancy outcome options —Students will know that pregnant adolescents need early, appropriate counseling in order to make competent pregnancy outcome decisions
Affective	—Students will know that pregnant adolescents have the rights to appropriate pregnancy outcome counseling —Students will know that a pregnant adolescent is a valuable person who needs support and assistance in making pregnancy outcome decisions
Personal Skills	—Students will know that pregnant adolescents will set a goal to seek appropriate pregnancy outcome counseling —Students will know that pregnant adolescents will make effective decisions regarding pregnancy outcome options based on complete and accurate information and counseling —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to the pregnant adolescent and her partner seeking resources and counseling regarding pregnancy outcome options

PROGRAM OUTCOME XI. **REDUCE THE NEGATIVE IMPACT OF ADOLESCENT PREGNANCY**

Learner Outcome 2. **The student involved in adolescent pregnancy will assume equal responsibility for the pregnancy.**

Instructional Dimension	Description
Cognitive	—Students will know that both males and females share responsibility for the pregnancy and outcome —Students will understand the anatomy and physiology of the reproduction system —Students will understand the birthing process —Students will be able to identify emotional, social, economic, and legal aspects of their pregnancy
Affective	—Students will believe that mother and father are still "good, worthwhile" people —Students will have the attitude that mother and father need to make active decisions and seek assistance in their decision-making process
Personal Skills	—Students will set goals for how they will handle pregnancy —Students will review the options and make a decision regarding the pregnancy —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to assuming equal responsibility for the adolescent pregnancy
Social Action	—Students will support both parents in taking active responsibility for the pregnancy —Students will advocate support for both parents involved in the pregnancy —Students will encourage those involved to seek counseling assistance —Students will be health advocates by communicating on issues related to assuming equal responsibility for the adolescent pregnancy

PROGRAM OUTCOME XI. **REDUCE THE NEGATIVE IMPACT OF ADOLESCENT PREGNANCY**

Learner Outcome 3. **The students will complete their high school education to help ensure well-being of self and child.**

Instructional Dimension	Description
Cognitive	—Students will know that adolescents can help to ensure their own, or their child's well-being, both initially and in the long run, by completing high school —Students will understand that most adolescent girls who become pregnant do not finish high school —Students will discuss the importance of an education with regard to obtaining a job that would adequately provide for them and their child —Students will discuss the importance of satisfaction with one's job with regard to mental health and the impact on one's family —Students will understand the responsibilities involved in caring for and supporting a child
Affective	—Students will value a good education —Students will believe that a good education contributes to the well-being of one's self and one's family
Personal Skills	—Students will make a personal commitment to completing successfully one's high school education —Students will develop and implement a plan to successfully complete high school while caring adequately for one's child —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to completing their high school education to help ensure well-being of self and child
Social Action	—Students will support efforts to help adolescent parents in school —Students will recognize the needs of the child in an immediate and longer-term service and strive to meet those needs —Students will be health advocates by communicating on issues related to completing their high school education to help ensure well-being of self and child

PROGRAM OUTCOME XII. IMPROVE PERSONAL HEALTH CARE
Learner Outcome 1: Students will have routine physical exams and immunizations according to recommended health standards.

Instructional Dimension	Description
Cognitive	—Students will know that routine physical exams can reduce chances of disease and body disfunction and enhance health —Students will know that routine physical exams are recommended —Students will know that exams can detect body changes which can be signals of problems —Students will know the purpose of a physical exam —Students will know the components of a physical exam —Students will know the availability of health care resources
Affective	—Students will believe one is personally responsible for one's health —Students will believe health care systems to be beneficial
Personal Skills	—Students will set goals of obtaining physical examinations and immunization according to recommended health standards —Students will develop communication skills —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to having routine exams and immunizations according to recommended health standards
Social Action	—Students will support family and friends in obtaining routine exams —Students will be health advocates by communicating on issues related to having routine exams and immunizations according to recommended health standards

Learner Outcome 2: **Students will follow recommended hygiene practices.**

Instructional Dimension	Description
Cognitive	—Students will know that daily hygiene is necessary for social, emotional, cultural, and physical health —Students will know that daily hygiene kills germs —Students will know that germs cause odor and disease —Students will know daily hygiene techniques —Students will know that head lice may be spread through shared use of hats and combs
Affective	—Students will believe one is personally responsible for their own hygiene —Students will believe that daily hygiene will enhance their own health —Students will believe that daily hygiene is necessary for social acceptance
Personal Skills	—Students will decide to use daily hygiene techniques —Students will set daily goals for change when needed —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to following recommended hygiene practices
Social Action	—Students will not share hat and combs, etc., in order to combat spread of head lice —Students will actively support efforts that encourage healthful practices

PROGRAM OUTCOME XII. **IMPROVE PERSONAL HEALTH CARE**
Learner Outcome 3: **Students will follow recommended dental care.**

Instructional Dimension	Description
Cognitive	—Students will know recommended dental care procedures which will contribute to better dental health —Students will understand brushing and flossing techniques —Students will know the proper snacks for teeth —Students will understand the necessity of dental exams

—Students will understand the benefit of fluoride to dental health
—Students will understand dietary practices are related to dental health

Affective

—Students will believe they have control of dental health
—Students will believe proper dental care techniques will be good for teeth

Personal Skills

—Students will take responsibility for dental health
—Students will set goals for daily dental care
—Students will identify and effectively use appropriate resources
—Students will effectively read, write, and speak on issues related to following recommended dental care

Social Action

—Students will encourage family and friends to follow recommended dental care and safety practices
—Students will support family and community efforts to promote and enhance proper dental care
—Students will be health advocates by communicating on issues related to following recommended dental care

PROGRAM OUTCOME XII. IMPROVE PERSONAL HEALTH CARE
Learner Outcome 4: The students will monitor body growth, structure, and functions.

Instructional Dimension	Description
Cognitive	—Students will know that changes in body functions can reveal the onset of disease and/or illness —Students will know that an awareness of these can lead to prevention or early detection of personal health problems —Students will understand what normal and abnormal ranges or conditions are in regard to basic body functions (e.g., 98.6 is normal body temperature) —Students will be able to identify the signs of cancer, potential heart problems, poor physical fitness, etc.

—Students will be able to distinguish between serious and relatively minor body changes and be able to respond accordingly (especially as to which situations are urgent and demand immediate attention)
—Students will know where to find assistance for various health problems – and which problems they can handle alone

Affective

—Students will value what is revealed about personal health through routine observation of body changes
—Students will value the control individuals have on personal health through daily decisions and life style choices

Personal Skills

—Students will recognize and assume personal responsibility for monitoring changes in normal body functions
—Students will become aware of changes when they occur
—Students will seek assistance in monitoring body functions/conditions which are not readily observable (cholesterol, blood pressure, body composition)
—Students will incorporate sound health habits and decisions into a positive life style–in pursuit of wellness
—Students will take immediate and appropriate steps to prevent illness/disease from progressing (e.g., going to see a doctor in the case of a lump in a breast or within the scrotum) when body changes are detected
—Students will identify and effectively use appropriate resources
—Students will effectively read, write, and speak on issues related to monitoring body growth, structure and functions

Social Action

—Students will assist friends and classmates to monitor and respond to body changes in appropriate ways
—Students will recognize how environmental conditions can alter body functions
—Students will be health advocates by communicating on issues related to monitoring body growth, structure, and functions

PROGRAM OUTCOME XII. IMPROVE PERSONAL HEALTH CARE
Learner Outcome 5: Students will practice health-promoting sleep, rest, and relaxation habits.

Instructional Dimension	Direction
Cognitive	—Students will know that adequate amounts of sleep, rest, and relaxation have a direct and positive effect on personal health —Students will know that people need seven to eight hours of sleep a day —Students will be able to identify relaxation techniques that aid in stress reduction —Students will be able to identify the effects of sleep, rest, and relaxation (or lack of) on the body
Affective	—Students will believe that personal health is affected by the amount of rest, sleep, and relaxation
Personal Skills	—Students will assess how much rest they need to be productive and healthy —Students will plan daily activities to include time for sleep, rest, and relaxation —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to practicing good sleep, rest, and relaxation habits
Social Action	—Students will encourage family, friends/peers to get enough sleep, rest, and relaxation —Students will be health advocates by communicating on issues related to practicing good sleep, rest, and relaxation habits

PROGRAM OUTCOME XII. IMPROVE PERSONAL HEALTH CARE
Learner Outcome 6: Students will follow sound weight management practices to achieve and maintain desirable weight and body composition.

Instructional Dimension	Description
Cognitive	—Students will understand the terms ideal body weight, overweight, underweight, overfat, body composition, lean body mass, and obesity

—Students will know their own body composition in terms of weight and lean body mass and fat
—Students will recognize societal attitudes toward body size and conformation
—Students will be able to identify how increasing social pressure to conform to a slender body image has triggered nutritional problems
—Students will understand the normal range of variability in people's height, weight, and body composition
—Students will be able to identify factors contributing to the development of obesity
—Students will describe current theory and practice of weight management

Affective

—Students will believe they have control over their own bodies
—Students will value and appreciate their bodies

Personal Skills

—Students will strive for, and maintain a healthy weight and body composition as a high priority in effecting personal life style behavior
—Students will set reasonable expectations for their own bodies in terms of diet and exercise
—Students will use both diet and exercise to maintain/lose/gain weight
—Students will assess the validity of information before applying it
—Students will identify and effectively use appropriate resources
—Students will effectively read, write, and speak on issues related to following sound weight management practices to achieve and maintain desirable weight and body composition
—Students will assess the validity of community activities that promote weight management practices

Social Action

—Students will resist inaccurate representation of desirable body types by media
—Students will encourage others to follow sound weight management practices

—Students will support others in maintenance of a healthy body
—Students will recognize impact of a healthy body on society
—Students will be health advocates by communicating on issues related to following sound weight management practices to achieve and maintain desirable weight and body composition

PROGRAM OUTCOME XII. IMPROVE PERSONAL HEALTH CARE
Learner Outcome 7: Students will select sound health practitioners, agencies, and healing/wellness promotion techniques when using health services.

Instructional Dimension	Description
Cognitive	—Students will know that personal health care management sometimes involves locating, selecting, using, and evaluating health care services —Students will be able to identify and describe the components of consumer health —Students will be able to describe the components of personal health management —Students will be able to identify and describe services of various health care providers and types of health care facilities —Students will be able to describe various types of health insurance —Students will be able to describe new trends in health care delivery —Students will be able to describe various types of health promotion techniques —Students will outline responsibilities for self-care
Affective	—Students will believe that an informed, responsible individual is a partner on the health care team
Personal Skills	—Students will assume more responsibility for personal health care —Students will implement a decision-making process to locate, select, and evaluate health care providers and services —Students will identify and practice steps for communicating with providers and facilities —Students will assess adequacy of information and services

Social Action	—Students will support agencies that protect consumer rights —Students will encourage others to become more responsible health care consumers —Students will be health advocates by communicating on issues related to selecting health practitioners, agencies, and healing/wellness promotion techniques when using health services

PROGRAM OUTCOME XIII. IMPROVE DIETARY PRACTICES

Learner Outcome 1: Students will choose a variety of foods in appropriate amounts according to their age, gender, activity level and life changes to maintain health.

Instructional Dimension	Description
Cognitive	—Students will understand that age, sex, pregnancy, lactation, stress, and activity level influence nutrient and caloric needs —Students will understand the relationship between nutrition and health —Students will recognize the kinds of food needed daily to maintain health —Students will understand how to use the food grouping system to select an optimal diet —Students will understand the relationship between activity level and energy requirements —Students will recognize that adequate nutrition is a personal and social responsibility —Students will understand the recommended dietary allowances and be able to interpret them —Students will identify appropriate serving sizes of foods to meet energy and nutrient needs —Students will identify food programs in their community (WIC, school lunch program, food stamps) to help meet nutritional needs
Affective	—Students will believe that maintaining nutritional health requires lifelong adjustments in nutrient and caloric intake. Food supplies the nutrients needed for growth, development, repair, and maintenance of the body —Students will believe that eating nutritionally balanced meals/snacks has a positive effect on one's health —Students will believe that there is a relationship between their nutrient requirements, daily diet, and their health

Personal Skills	—Students will be able to adjust nutrient and caloric intake depending on age, activity level, physiological state, or illness —Students will be able to select foods from restaurants to meet their nutrient and caloric needs —Students will be able to plan meals/snacks for people of different ages and activity levels to meet their nutritional needs —Students will be able to effectively analyze food and nutrition information to determine its validity —Students will be able to assess their diet and make appropriate changes to meet their nutrient and caloric needs —Students will be able to apply the USDA/USDHHS Dietary Guidelines to their food selections
Social Action	—Students will encourage others to adjust their nutritional intake as life change dictates —Students will respond to social patterns which influence nutritional deprivation —Students will use problem-solving strategies to solve food access issues and nutrition-related problems —Students will advocate the use of food programs for eligible community members

PROGRAM OUTCOME XIII. IMPROVE DIETARY PRACTICES
Learner Outcome 2: Students will be selective and discriminating consumers of food products.

Instructional Dimension	Description
Cognitive	—Students will identify the principles of food safety and sanitation —Students will recognize the causes of food-borne illnesses and methods of prevention —Students will identify the advantages and disadvantages of using food preservatives and additives —Students will identify ways in which processing can affect the nutritious quality of foods —Students will recognize local, state, and federal agencies responsible for food safety and sanitation —Students will comprehend that the way a food is handled affects the amount of nutrients it contains, its safety, appearance, taste, and cost

—Students will recognize that toxicants, additives, contaminants, and other non-nutritive factors in food affect its safety and quality
—Students will understand the ingredient-listing format on food products
—Students will understand nutrition labeling on food products
—Students will understand the affect of advertising on consumer food choices

Affective

—Students will believe that they have significant influence over the quality and quantity of the food supply
—Students will believe they can influence the foods available in the marketplace

Personal Skills

—Students will read and interpret the ingredient listing and the nutritional label in selecting food
—Students will apply the principles of food safety and sanitation in selecting and preparing foods
—Students will assess the health risk when selecting and consuming foods

Social Action

—Students will be health advocates by communicating on issues related to being selective and discriminating consumers of food products
—Students will use appropriate groups or organizations to determine food benefits or risks (FDA, USDA, universities, health departments)
—Students will be able to identify opportunities to influence the marketplace (food waste, recycling, food safety)

PROGRAM OUTCOME XIII. IMPROVE DIETARY PRACTICES

Learner Outcome 3: Students will identify and personally assess the reasons for their food choices to minimize health risks.

Instructional Dimension	Description
Cognitive	—Students will recognize that food is culturally defined —Students will recognize that there are many foods and food patterns that will promote health —Students will identify the sensory qualities of food that affect food choices —Students will understand how family, friends, and peers influence their food choices

—Students will recognize that adequate nutrition is a personal and social responsibility
—Students will identify the long-range effects of an inadequate diet or abusive food behaviors
—Students will understand that food production, availability, and economics influence food choices
—Students will recognize that food serves a variety of social and cultural roles
—Students will recognize that food decisions reflect different personal and family goals, values, and standards
—Students will recognize the relationship between how people feel and the food they eat
—Students will understand that attitudes toward food and eating habits develop over time
—Students will know they can influence food choices
—Students will identify how food choices can affect present and future health
—Students will explain how and why available foods change in the marketplace
—Students will be aware of social patterns which influence nutritional deprivation

Affective

—Students will believe they have control over their food selections
—Students will believe they can select a diet that is personally satisfying and will contribute to optimal health
—Students will appreciate the social value of eating with others

Personal Skills

—Students can analyze their own diets and identify the reasons for their food choices
—Students can assess their diet and modify their food selections to maintain health
—Students will select a diet that is in compliance with current nutrition recommendations
—Students will identify and effectively use appropriate resources
—Students will effectively read, write, and speak on issues related to identifying and personally assessing the reasons for their food choices
—Students will consume foods in a socially acceptable manner

Social Action	—Students will encourage people who have abusive food behaviors to seek help —Students will be health advocates by communicating on issues related to identifying and personally assessing the reasons for their food choices —Students will support others to select foods that contribute to healthy dietary habits

PROGRAM OUTCOME XIII. IMPROVE DIETARY PRACTICES

Learner Outcome 4: Students will choose foods and food patterns to minimize the risk of developing chronic/debilitative diseases.

Instructional Dimension	Description
Cognitive	—Students will understand that food patterns can reduce or promote the risk of developing chronic/debilitative diseases —Students will identify dietary factors related to chronic diseases such as cardiovascular, cancer, diabetes, osteoporosis, hypertension, etc.
Affective	—Students will believe they can minimize the risk of developing chronic/debilitative diseases by their food choices and dietary patterns —Students will believe they have control over their food choices and can select a diet that is health promoting
Personal Skills	—Students will assess their eating patterns and set realistic goals to improve their food selections —Students will modify their eating patterns to reduce their risk of chronic/debilitative diseases —Students will monitor and adjust their dietary behaviors to meet their goals —Students will read, write, and speak on issues related to choosing foods and food patterns that minimize the risk of developing chronic/debilitative diseases —Students will recognize that adequate nutrition is a personal and social responsibility

Social Action	—Students will advocate choosing foods and dietary patterns which reduce the risk of developing diseases —Students will work within their communities to support programs for people interested in promoting nutritional health —Students will be health advocates by communicating on issues related to choosing foods and food patterns that minimize the risk of developing chronic/debilitative diseases

PROGRAM OUTCOME XIII. IMPROVE DIETARY PRACTICES
Learner Outcome 5: Students will discriminate between scientifically valid information and misinformation.

Instructional Dimension	Description
Cognitive	—Students will be able to identify criteria for evaluating nutrition information —Students will be able to identify sources of credible information —Students will be able to identify criteria for selecting a weight gain or reduction plan that will minimize health risks —Students will be able to describe the benefits/risks of using dietary supplements, diet aids, and adhering to fad diets —Students will be able to recognize the components of a nutritionally adequate diet —Students will be able to understand the long-range effects of an inadequate diet —Students will be able to understand food laws and regulations and the role of government in regulating foods, drugs, and products for which health claims are made —Students will be able to discriminate between scientifically valid and fallacious information
Affective	—Students will accept that the science of nutrition is not static; research provides us with new knowledge —Students will understand the need to maintain a healthy body and protect themselves from harmful behaviors —Students will believe that weight loss/gain can be accomplished with safe methods

Personal Skills	—Students will check health claims with a health professional before practicing them —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to discriminating between scientifically valid information and misinformation —Students will use methods of weight loss or gain that are not harmful to their health
Social Action	—Students will encourage others to use safe methods for weight loss —Students will support research to learn more about the relationship of food to health —Students will be health advocates by communicating on issues related to discriminating between scientifically valid information and misinformation

PROGRAM OUTCOME XIII. IMPROVE DIETARY PRACTICES
Learner Outcome 6: Students will adopt non-abusive eating patterns.

Instructional Dimension	Description
Cognitive	—Students will be able to define common signs and symptoms of food deprivation and compulsive overeating —Students will be able to recognize physical and psychological symptoms of anorexia nervosa —Students will be able to recognize physical and psychological symptoms of bulimia —Students will be able to recognize physical and psychological symptoms of compulsive overeating —Students will be able to identify those circumstances which would require professional help —Students will be able to interpret physical and mental consequences of an unbalanced diet
Affective	—Students will accept responsibility for selecting foods (that) maintain health —Students will be able to enjoy eating without guilt —Students will acknowledge the physical and mental effects of eating disorders

Personal Skills	—Students will be able to develop a plan of nutritional behavior that promotes health —Students will develop satisfying ways of expressing their feelings instead of overeating or food deprivation —Students will learn how to establish and maintain friendships
Social Action	—Students will identify and analyze emerging trends in society that affect dietary practices (i.e., a desire to be thin) —Students will support eating a variety of foods to meet their nutrient and caloric needs —Students will encourage their peers to seek professional help if eating disorder symptoms are exhibited

PROGRAM OUTCOME XIV. REDUCE ENVIRONMENTAL HEALTH HAZARDS

Learner Outcome 1: Students will support and participate in efforts to protect and improve the environment.

Instructional Dimension	Description
Cognitive	—Students will be able to recognize that environmental health issues result from individual choices, cultural differences, attitudes, and behaviors which become a collective problem —Students will be able to describe what individuals can do to protect and improve the environment —Students will be able to identify the diversity of environmental organizations/groups that exist —Students will be able to list examples of community pollution problems and suggest means of correcting them
Affective	—Students will believe that personal involvement is essential for the maintenance of a healthy environment —Students will believe that a healthy environment can be achieved —Students will believe that the environment will deteriorate without intervention

Personal Skills	—Students will practice sound environmental habits —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to supporting and participating in efforts to protect and improve the environment
Social Action	—Students will belong to and support environmental organizations —Students will inform others on the interdependence of persons with the environment —Students will be health advocates by communicating on issues related to supporting and participating in efforts to protect and improve the environment

PROGRAM OUTCOME XIV. REDUCE ENVIRONMENTAL HEALTH HAZARDS

Learner Outcome 2: Students will comply with legislative laws and rules regarding environmental safeguards.

Instructional Dimension	Description
Cognitive	—Students will understand that laws are essential for maintaining a healthy environment —Students will recognize the importance of environmental safeguards —Students will identify the consequences of not having environmental safeguards —Students will believe in the importance of safeguarding the environment —Students will believe that environmental safeguards are essential to ensure a healthy environment
Personal Skills	—Students will actively participate in the maintenance of a quality environment —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to complying with legislative laws and rules regarding environmental safeguards
Social Action	—Students will encourage others to comply with environmental legislation —Students will be health advocates by communicating on issues related to complying with legislative laws and rules regarding environmental safeguards

PROGRAM OUTCOME XIV. REDUCE ENVIRONMENTAL HEALTH HAZARDS

Learner Outcome 3: Students will protect themselves and others against environmental hazards.

Instructional Dimension	Direction
Cognitive	—Students will recognize the importance of taking action to protect against environmental hazards —Students will identify and analyze environmental hazards —Students will identify and analyze appropriate responses to environmental hazards
Affective	—Students will believe they can control the environment in which they live —Students will believe that a healthy environment is a realistic and attainable goal
Personal Skills	—Students will take action to protect self and others against environmental hazards —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to protecting themselves and others against environmental hazards
Social Action	—Students will encourage others to take action to protect self and others from environmental hazards —Students will seek out and support agencies and organizations which are concerned with environmental hazards —Students will be health advocates by communicating on issues related to protecting themselves and others against environmental hazards

PROGRAM OUTCOME XV: REDUCE AND CONTROL INFECTIOUS DISEASES

Learner Outcome 1: Students will avoid transmitting and contracting infectious diseases through proper health practices.

Instructional Dimension	Description
Cognitive	—Students will understand that the transmission and contraction of infectious disease can be limited or eliminated through proper health practices —Students will explain the infectious disease process —Students will describe the body's defense against disease (immune system) —Students will identify symptoms and treatment of common infectious diseases —Students will outline preventive measures for infectious diseases —Students will recognize one's role in the ability to prevent the transmission and contraction of infectious disease
Affective	—Students will believe that one has much control in preventing both the transmission and contraction of infectious disease —Students will value health practices that reduce infectious diseases
Personal Skills	—Students will practice preventive measures for infectious diseases —Students will adhere to a life style that promotes well-being and minimizes exposure to known risk factors —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to avoiding transmitting and contracting infectious diseases through proper health practices
Social Action	—Students will serve as role models for others by engaging in proper health practices —Students will encourage others to engage in proper health practices —Students will be health advocates by communicating on issues related to avoiding transmitting and contracting infectious diseases through proper health practices

PROGRAM OUTCOME XV: REDUCE AND CONTROL INFECTIOUS DISEASES

Learner Outcome 2: Students will have appropriate and timely immunizations.

Instructional Dimension	Description
Cognitive	—Students will understand that appropriate and timely immunizations are one way individuals can be protected from infectious diseases —Students will describe how the body's immune system works —Students will differentiate between natural and artificially acquired immunity —Students will describe how vaccines are able to prevent disease —Students will define vaccines and give examples of the major types —Students will know the legal guidelines for school attendance —Students will determine status of one's own immunization record
Affective	—Students will believe in the importance of appropriate and timely immunization
Personal Skills	—Students will update and maintain one's immunization record —Students will keep personal health records —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to having appropriate and timely immunizations
Social Action	—Students will maintain and encourage appropriate and timely immunization for self and others as one means to reduce the transmission and/or contraction of infectious diseases —Students will be health advocates by communicating on issues related to having appropriate and timely immunizations

PROGRAM OUTCOME XV: REDUCE AND CONTROL INFECTIOUS DISEASES

Learner Outcome 3: Students use appropriate health care resources.

Instructional Dimension	Description
Cognitive	—Students will understand that appropriate health care resources are important to each individual —Students will compare and contrast different health care resources in terms of services provided —Students will list accessible, appropriate health care resources
Affective	—Students will believe in the importance of using appropriate health care resources when needed
Personal Skills	—Students will use appropriate health care resources whenever necessary —Students will be able to locate accessible health care resources in the immediate locality —Students will keep a written record of all visits to health care resources —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to using appropriate health care resources
Social Action	—Students will encourage them to use appropriate health resources —Students will be health advocates by communicating on issues related to using appropriate health care resources

PROGRAM OUTCOME XVI. IMPROVE PARENTAL AND INFANT HEALTH

Learner Outcome 1: Students, as expectant pregnant women and fathers, will practice healthful prenatal care.

Instructional Dimension	Description
Cognitive	—Students will know the anatomy and physiology of the human reproductive system —Students will know about embryo and fetus growth and developmental stages —Students will know the nutritional needs of mother-to-be, embryo, and fetus

—Students will know the dangers of chemical use, by the mother-to-be, on the embryo and fetus
—Students will know the need for positive support from biological fathers
—Students will know what constitutes appropriate exercise
—Students will be able to identify appropriate community support systems
—Students will know what constitutes appropriate weight gains
—Students will be able to identify community programs that provide medical/health services and food for pregnant women
—Students will be able to use appropriate community support systems

Affective

—Students will believe that health choices (i.e., dietary, exercise, chemical use, and sleep habits) and prenatal care have a significant impact on the health and well-being of the mother-to-be and child
—Students will believe that it's okay to use available support systems
—Students will believe in the importance of prenatal care for the health of mother-to-be and child
—Students will have the attitude that the mother-to-be must choose a healthful life style
—Students will believe, "I'm a valuable person"

Personal Skills

—Students will understand that pregnant women will set goals to choose healthful prenatal life style choices
—Students will understand that pregnant women will use decision-making skills in choosing health care, including self-care and visits to physician during pregnancy
—Students will understand that pregnant women will identify and effectively use appropriate resources
—Students will understand that pregnant women will effectively read, write, and speak on issues related to practicing healthful prenatal care

Social Action

—Students will encourage mother-to-be to seek appropriate prenatal health care services
—Students will support pregnant women to start and to continue practicing healthful life style choices
—Students will be health advocates by communicating on issues related to practicing healthful prenatal care

PROGRAM OUTCOME XVI. IMPROVE PARENTAL AND INFANT HEALTH
Learner Outcome 2: Students, as expectant mothers and fathers, will practice healthful postnatal care for self and infant(s).

Instructional Dimension	Description
Cognitive	—Students will understand normal growth and development —Students will recognize the intellectual, physical, and emotional needs of the infant —Students will recognize the components of a nurturing environment —Students will identify the advantages and disadvantages of breast and/or bottle feeding —Students will identify appropriate community support systems —Students will recognize the components of a safe environment —Students will identify appropriate nutritional needs —Students will identify community programs that provide food and health care services
Affective	—Students will believe, "I'm a valuable person and so is my infant" —Students will believe in the importance of good postnatal care for the mother and child —Students will have the attitude that parents must choose a healthy life style for themselves and their child —Students will believe it is okay to use community support systems to take care of self and child
Personal Skills	—Mothers will use decision-making skills in choosing health care, including self and infant care, and make appropriate visits to physician after delivery —Parents will be able to monitor normal infant growth and development —Parents will meet the intellectual, physical, and emotional needs of the infant —Parents will provide for a nurturing environment —Parents will practice good nutrition for the infant —Parents will seek appropriate community support systems —Parents will provide for a safe environment —Parents will seek strategies for coping with depression and anger

Social Action	—Students will be health advocates by communicating on issues related to practicing healthful postnatal care for self and infant(s) —Students will encourage parents to seek appropriate prenatal health care services —Students will support parents to start and continue practicing healthful life style choices

PROGRAM OUTCOME XVI. IMPROVE PARENTAL AND INFANT HEALTH
Learner Outcome 3: Students, as potential mothers and fathers, will avoid chemicals harmful to their offspring.

Instructional Dimension	Description
Cognitive	—Students will know the growth and developmental (physical, psychological, emotional) needs and stages of prenatal, neonatal, infant, early-, mid-, and late-childhood-aged offspring —Students will know the physical, psychological, and emotional risks, dangers, and negative effects of the use and abuse of alcohol, nicotine, caffeine, over the counter drugs, etc., upon offspring and selves —Students will know the physical, psychological, and emotional risks, dangers, and negative effects of the use of illicit drugs, including cocaine, crack, marijuana, PCP, etc., upon offspring and selves —Students will know the location and function of community chemical treatment programs that assist in the ceasing of chemical use and abuse —Students will know the importance of positive parenting skills —Students will know the importance of effective, healthful coping strategy alternatives for offspring and selves —Students will know the importance of modeling a healthful life style for offspring
Affective	—Students will believe that offspring and selves are valuable —Students will believe that as parents they are responsible for the physical, psychological, and emotional well-being of their offspring —Students will believe that as parents, they are responsible for the physical, psychological, and emotional environment of their offspring

—Students will value a healthful, chemically safe (free) environment for their offspring
—Students will believe that effective decision-making skills are critical to a healthful life style and home environment
—Students will believe that effective problem-solving skills are critical to a healthful life style and home environment
—Students will believe in the importance of chemically safe (free) home, play, and social environments for offspring
—Students will believe that it is responsible behavior to seek assistance in eliminating chemical use/abuse behaviors

Personal Skills

—Students will maintain and enhance a positive self-concept
—Students will encourage and enhance a positive concept within their offspring
—Students will use positive parenting skills
—Students will practice effective decision making, problem solving, and communication skills in facing family problems and crises
—Students will eliminate the use of all chemicals during prenatal, neonatal, infant stages of offspring's life
—Students will create chemically safe home, play, and social environments during all stages of offspring's life
—Students will identify and use effective community agencies to assist with the treatment of chemical use/abuse problems
—Students will effectively read, write, and speak on issues related to potential mothers and fathers avoiding chemicals harmful to their offspring

Social Action

—Students will encourage family members and friends to seek treatment for any chemical use/abuse problem behavior
—Students will encourage and support parents to begin and maintain a healthful, chemically safe (free) life style
—Students will encourage and support parents to develop and maintain chemically safe (free) home, play, and social environments for offspring

—Students will encourage and support community efforts to create and maintain chemically safe (free) work, school, and recreational environments
—Students will be health advocates by communicating on issues related to potential mothers and fathers avoiding chemicals harmful to their offspring

PROGRAM OUTCOME XVIII. IMPROVE STRESS MANAGEMENT SKILLS

Learner Outcome 1: Students will respond to stress in a healthy and effective manner.

Instructional Dimension	Description
Cognitive	—Students will know how to define stress, stressors, eustress, distress —Students will know how to cite examples of positive and negative stressors —Students will be able to identify high risk and low risk behaviors as responses to stress —Students will be able to recognize cultural, emotional, and physical consequences of stress —Students will have an awareness of the holistic effects of stressors
Affective	—Students will accept responsibility for their stress response —Students will acknowledge the psychosomatic effects of stress —Students will value the need to respond to stress in a healthy manner
Personal Skills	—Students will express feelings to reduce the effects of stress —Students will use communication skills as a response to stress-related issues —Students will apply problem-solving techniques to help manage stress —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to responding to stress in a healthy and effective manner

Social Action	—Students will understand and promote environmental and community contributions to stress —Students will advocate effective stress management skills to their peers —Students will be health advocates by communicating on issues related to responding to stress in a healthy and effective manner

PROGRAM OUTCOME XVII. **IMPROVE STRESS MANAGEMENT SKILLS**

Learner Outcome 2: **Student will seek appropriate support and assistance during times of distress.**

Instructional Dimension	Description
Cognitive	—Students will know how to identify and discuss warning signs that signal a change in mental and physical health status —Students will know how to identify people and/or facilities that can provide assistance in their communities
Affective	—Students will value and appreciate their body's mental and emotional warning signals —Students will believe that seeking support and assistance during times of distress are positive health behaviors
Personal Skills	—Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to seeking appropriate support and assistance during time of distress
Social Action	—Students will set a positive example when personal problems arise —Students will encourage and assist others to seek appropriate resources in times of crisis —Students will be health advocates by communicating on issues related to seeking appropriate support and assistance during time of distress

PROGRAM OUTCOME XVIII. **ENHANCE PERSONAL GROWTH**
Learner Outcome 1: **Students will participate in health-related instructional goals and activities selected by the student.**

Instructional Dimension	Description
Cognitive	—Students will have the knowledge deemed appropriate to enhance personal areas of interest related to healthy living —Students will have the ability to select and grow in health-related areas of their choosing —Students will develop personalized learning goals
Affective	—Students will believe that efforts they make today will benefit them in the future
Personal Skills	—Students will develop and practice decision-making skills —Students will select appropriate efforts —Students will determine alternatives —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to participating in health-related instructional goals and activities selected by the student
Social Action	—Students will encourage and assist others in developing and acting on personal goals —Students will be health advocates by communicating on issues related to participating in health-related instructional goals and activities selected by the student

PROGRAM OUTCOME XVIII. **ENHANCE PERSONAL GROWTH**
Learner Outcome 2: **Students will consider health-related occupations as a potential profession.**

Instructional Dimension	Description
Cognitive	—Students will recognize a variety of health-related professions and career opportunities —Students will describe health career job descriptions —Students will recognize training, education, examinations, licensing, and certifications necessary for careers in health professions

Affective	—Students will believe that a health career choice could be a satisfying profession
Personal Skills	—Students will set occupational goals related to appropriate personal and academic standards —Students will develop and practice communication skills —Students will develop and practice interview skills —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to considering health-related occupations as a potential profession
Social Action	—Students will encourage others, when appropriate, to consider health-related careers —Students will be health advocates by communicating on issues related to considering health-related occupations as a potential profession

PROGRAM OUTCOME XIX. **ENHANCE POSITIVE PARENTING SKILLS**

Learner Outcome 1: **Students will use positive parenting skills in all caregiver - child relationships.**

Instructional Dimension	Description
Cognitive	—Students will understand the complexity of positive self-concept enhancing skills in intimate relationships and caregiving —Students will identify positive parenting skills to enhance a child's self-concept —Students will identify methods to enhance self-concept in self and others —Students will distinguish between positive and negative parenting strategies —Students will identify means to achieve positive parenting —Students will identify the rights and responsibilities of caregivers including parents
Affective	—Students will value positive parenting strategies in all caregiver - child relationships —Students will believe that enhancing self-concepts will lead to positive relationships —Students will affirm and support others engaged in positive parenting

Personal Skills	—Students will give affirmations to self and intimate others —Students will recognize enhancing versus destructive self-concept behaviors (i.e., asking vs. manipulation, non-physical discipline vs. physical punishment, loving vs. shaming, etc.) —Students will use constructive vs. destructive criticism (i.e., examples of destructive are name calling, yelling, insulting, etc.) —Students will learn how to use positive reinforcement versus guilt manipulation when dealing with others —Students will not allow others to use guilt to manipulate them —Students will effectively use positive parenting resources —Students will effectively read, write, and speak as an advocate of positive parenting —Students will use an effective means to affirm and support others engaged in positive parenting —Students will model positive parenting skills
Social Action	—Students will set positive self-concept enhancing role models —Students will support others who use self-concept enhancing behaviors with you and others —Students will be positive parenting advocates —Students will openly communicate related issues —Students will seek positive caregiving role models —Students will encourage others to use constructive versus destructive criticism —Students will encourage others to seek parental training

PROGRAM OUTCOME XIX. **ENHANCE POSITIVE PARENTING SKILLS**

Learner Outcome 2: **Students will seek means to establish and improve positive parenting skills throughout the child rearing cycle.**

Instructional Dimension	Description
Cognitive	—Students will know about varying family compositions (i.e., single, two-parent, blended, etc.) —Students will know about family dynamics —Students will know one can learn to be a positive, more effective parent which will ensure the future of the child

	—Students will know how to identify physical development stages and needs of prenatal, neonatal, infant, childhood, and adolescent stages —Students will know how to identify emotional development stages and needs of prenatal, neonatal, infant, childhood, and adolescent stages —Students will know how to identify intellectual development stages and needs of prenatal, neonatal, infant, childhood, and adolescent stages —Students will know how to identify organizations that provide positive parenting assistance
Affective	—Students will have an awareness that most parents need help with parenting —Students will have an awareness of importance of positive parenting regarding the welfare of children —Students will know that one can learn to be a positive effective parent —Students will believe that positive parenting enhances the lives of parent and child
Personal Skills	—Students will use resources appropriate to their needs —Students will effectively read, write, and speak as an advocate of positive parenting —Students will use skills that establish and enhance the positive growth and development of the child
Social Action	—Students will encourage peers to seek parental training —Students will be positive parenting advocates —Students will openly communicate related issues

PROGRAM OUTCOME XX. IMPROVE SOCIAL HEALTH
Learner Outcome 1: Students will exhibit balance between work and leisure.

Instructional Dimension	Description
Cognitive	—Students will define and give examples of work and leisure activities —Students will recognize that there is a direct relationship between leisure and work activities —Students understand that a balance of work and leisure can range on a continuum

Affective	—Students will believe that proper balance between work and leisure activities can lead to a healthy life style —Students will believe any individual has control over work, play, and leisure —Students will value the importance of leisure
Personal Skills	—Students will establish a healthy balance between work and leisure —Students will use appropriate resources effectively —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to exhibiting a balance between work and leisure
Social Action	—Students will support and encourage a balance between work and leisure —Students will be health advocates by communicating on issues related to exhibiting a balance between work and leisure

PROGRAM OUTCOME XX. IMPROVE SOCIAL HEALTH
Learner Outcome 2: Students will establish and maintain positive relationships.

Instructional Dimension	Direction
Cognitive	—Students will recognize that everyone experiences a variety of relationships throughout life —Students will identify a variety of social relationships —Students will describe how relationships are started, maintained, and ended —Students will evaluate relationships as to their positive and negative qualities —Students will understand the personal and social implications of establishing and maintaining positive relationships —Students will recognize that negative relationships can create a false sense of self-worth
Affective	—Students will believe that maintaining positive relationships enhances self-esteem

Personal Skills	—Students will establish and maintain positive relationships —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to establishing and maintaining positive relationships
Social Action	—Students will share information and skills on how to establish and maintain positive relationships —Students will be health advocates by communicating on issues related to establishing and maintaining positive relationships

PROGRAM OUTCOME XX. IMPROVE SOCIAL HEALTH
Learner Outcome 3: Students will respect individual and cultural differences.

Instructional Dimension	Description
Cognitive	—Students will recognize that there are similarities and differences between people —Students will understand that getting along with others is a process unique to each individual —Students will recognize that accepting differences helps people get along with one another
Affective	—Students will value the benefits of understanding individual differences —Students will accept individual differences
Personal Skills	—Students will show respect for feelings, rights, and property of others —Students will treat others as they themselves want to be treated —Students will be sensitive to the emotional needs of others —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to respecting individual differences

Social Action	—Students will demonstrate respect for race, gender, age, handicapped, cultural, and religious differences —Students will be health advocates by communicating on issues related to respecting individual differences

PROGRAM OUTCOME XX. IMPROVE SOCIAL HEALTH
Learner Outcome 4: Students will respond to peer pressure appropriately.

Instructional Dimension	Description
Cognitive	—Students will understand how peer pressure affects people —Students will describe characteristics of positive and negative peer pressure —Students will identify effective strategies to deal with negative peer pressure
Affective	—Students will accept and believe in personal strengths and values —Students will believe there can be negative consequences associated with peer pressure
Personal Skills	—Students will adhere to personal strengths and values —Students will use effective strategies to deal with negative peer pressure —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to responding to peer pressure appropriately
Social Action	—Students will encourage others to make acceptable decisions regarding peer pressure —Students will be health advocates by communicating on issues related to responding to peer pressure appropriately

PROGRAM OUTCOME XX. IMPROVE SOCIAL HEALTH
Learner Outcome 5: Students will resolve conflicts with others in a socially acceptable way.

Instructional Dimension	Description
Cognitive	—Students will be able to identify various conflict resolution skills —Students will be able to identify problems/issues that can create conflict —Students will be able to identify a variety of problem-solving methods —Students will understand the relationship between stress and conflict resolution
Affective	—Students will feel confident using skills to resolve personal/interpersonal and cultural conflict —Students will accept that everyone experiences conflict during a lifetime —Students will believe that conflict resolution is significant in establishing healthy relationships
Personal Skills	—Students will use conflict resolution skills as a method to improve relationships —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to resolving conflicts with others in a socially acceptable way
Social Action	—Students will model conflict resolution skills and encourage others to do the same —Students will be health advocates by communicating on issues related to resolving conflicts with others in a socially acceptable way

PROGRAM OUTCOME XX. IMPROVE SOCIAL HEALTH
Learner Outcome 6: Students will establish and maintain a supportive interpersonal/intercultural climate.

Instructional Dimension	Description
Cognitive	—Students will be able to identify critical attributes of a supportive environment —Students will be able to identify components of interpersonal communications

Affective	—Students will believe that a supportive environment is important for good social health —Students will believe that one can learn and apply skills that enhance communication
Personal Skills	—Students will practice effective listening and responding skills —Students will implement the critical attributes of a supportive interpersonal environment —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to establishing and maintaining a supportive interpersonal climate
Social Action	—Students will take responsibility for creating a supportive interpersonal environment —Students will model good communication skills and support others in doing the same —Students will encourage others to participate in creating a healthful, supportive environment —Students will be health advocates by communicating on issues related to establishing and maintaining a supportive interpersonal climate

PROGRAM OUTCOME XXI. REDUCE THE RISK OF CARDIOVASCULAR DISEASES, CANCER, AND OTHER NON-INFECTIOUS DISEASES

Learner Outcome 1: Students will adopt personal behaviors that minimize the risks of cardiovascular disease, cancer, and other non-infectious diseases.

Instructional Dimension	Direction
Cognitive	—Students will know how to make positive life style choices regarding alcohol, tobacco, nutrition, exercise, environmental factors and stress to reduce their risk of cardiovascular diseases and cancer —Students will know how to identify the risk factors for cancer and cardiovascular disease —Students will know how to identify risk factors and health impact of alcohol and tobacco usage —Students will know the legal and health guidelines regarding alcohol consumption

—Students will know that tobacco use increases the risk of cardiovascular diseases and cancers
—Students will know the definition and physiology of cancer and cardiovascular diseases
—Students will have information on alcohol (see Learner Outcome 4)
—Students will have information on exercise (see Learner Outcome 5)
—Students will have information on stress (see Learner Outcome 9)
—Students will have information on environmental factors (see appropriate outcome)
—Students will have information on diet-related risk factors

Affective

—Students will believe they reduce the risks of developing chronic diseases by selecting health-enhancing life style choices/behaviors
— Students will believe that cancers and cardiovascular diseases are the two leading causes of death for the adult population; they can reduce risks by practicing health-promoting behaviors

Personal Skills

—Students will be able to assess present behaviors to identify potential problems
—Students will set personal goals for a healthy life style
—Students will identify and effectively use appropriate resources
—Students will effectively read, write, and speak on issues related to adopting personal behaviors that minimize risks of cardiovascular disease, cancer, and other non-infectious diseases

Social Action

—Students will respect others and their decisions
—Students will support others in making healthy choices
—Students will recognize the influence of their role as a consumer in the marketplace
—Students will be able to discuss the potential consequences of and offer various solutions to inappropriate food and nutrition practices
—Students will be health advocates by communicating on issues related to adopting personal behaviors to minimize risks of cardiovascular disease, cancer, and other non-infectious diseases

PROGRAM OUTCOME XXI. REDUCE THE RISK OF CARDIOVASCULAR DISEASE, CANCER, AND OTHER NON-INFECTIOUS DISEASES

Learner Outcome 2: Will seek appropriate resources that promote and encourage health-enhancing behaviors.

Instructional Dimension	Description
Cognitive	—Students will understand the importance of prevention regarding life style behaviors and cardiovascular disease, cancer, and other non-infectious diseases —Students will understand the importance of early diagnosis and treatment of cardiovascular disease, cancer, and other non-infectious diseases —Students will be able to identify appropriate resources that promote and encourage health-enhancing behavior
Affective	—Students will believe that one has a responsibility to engage in health-promoting behavior —Students will value health-promoting behavior
Personal Skills	—Students will select health-promoting behavior —Students will locate and use resources that promote and encourage health-enhancing behavior —Students will educate self and family regarding appropriate health-enhancing behavior —Students will follow recommendations from resources that promote and encourage appropriate health-enhancing behavior —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to seeking appropriate resources that promote and encourage health-enhancing behaviors
Social Action	—Students will encourage others to seek resources that promote and encourage appropriate health-enhancing behaviors —Students will support resources that promote and encourage appropriate health-enhancing behavior —Students will be health advocates by communicating on issues related to seeking appropriate resources that promote and encourage health-enhancing behaviors

PROGRAM OUTCOME XXII. IMPROVE LIFE CYCLE ADAPTATIONS
Learner Outcome 1: Student will make appropriate and positive adjustments to significant losses.

Instructional Dimension	Description
Cognitive	—Students will recognize that everyone experiences losses during the life cycle —Students will identify types of losses —Students will list and describe the stages of grief —Students will analyze the relationship between social and cultural values and medical technology
Affective	—Students will accept loss as a natural part of the life cycle —Students will believe they have control over their adjustments to significant losses
Personal Skills	—Students will be supportive to those who experience loss —Students will adjust to loss in a growth-enhancing way —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to making appropriate and positive adjustments to significant losses
Social Action	—Students will respond appropriately to natural disasters —Students will be health advocates by communicating on issues related to making appropriate and positive adjustments to significant losses

PROGRAM OUTCOME XXII. IMPROVE LIFE CYCLE ADAPTATIONS
Learner Outcome 2: Students will make appropriate and positive adjustments to life changes in self and others.

Instructional Dimension	Direction
Cognitive	—Students will recognize that everyone experiences changes during a life cycle —Students will identify factors that affect the life cycle —Students will understand the process of human growth and development —Students will understand the aging process

Affective	—Students will be comfortable with their current stage within the life cycle —Students will believe in the importance of maintaining healthy practices throughout the life cycle
Personal Skills	—Students will adjust to changes in a growth-enhancing way —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to making appropriate and positive adjustments to life changes in self and others
Social Action	—Students will take action to ensure that the needs of individuals are met throughout the life cycle —Students will be health advocates by communicating on issues related to making appropriate and positive adjustments to life changes in self and others

PROGRAM OUTCOME XXII: IMPROVE LIFE CYCLE ADAPTATIONS
Learner Outcome 3: Students will recognize the significant impact of children upon the life of the adolescent, young adult, or adult.

Instructional Dimension	Description
Cognitive	—Students will recognize that parenting is a tremendous responsibility —Students will recognize that parenting is a stage that is best met as an adult —Students will identify and describe the physical, emotional, and intellectual development stages and needs of prenatal, neonatal, infant, childhood, and adolescent stages —Students will understand the developmental stages of pregnancy
Affective	—Students will believe that being a parent is demanding —Students will value parenting as a major responsibility
Personal Skills	—Students will discuss the complex task of being a parent —Students will identify and effectively use appropriate resources

	—Students will effectively read, write, and speak on issues related to recognizing the significant impact of children upon the life of the adolescent, young adult, or adult
Social Action	—Students will encourage others to discuss the complex nature of parenting —Students will be health advocates by communicating on issues related to recognizing the significant impact of children upon the life of the adolescent, young adult, or adult

PROGRAM OUTCOME XXII. IMPROVE LIFE CYCLE ADAPTATIONS
Learner Outcome 4: Students will utilize and share information that will lessen the negative impact of chronic health problems on self and others.

Instructional Dimension	Direction
Cognitive	—Students will recognize that individuals with chronic health problems have special needs —Students will describe the relationship between heredity and disease —Students understand the impact of chronic disease on self and others —Students will understand the impact of physical disabilities and handicaps on self and others
Affective	—Students will value the importance of medical checkups —Students will believe that people with chronic conditions, physical disabilities and handicaps can learn to function at an optimal level —Students will be sensitive to those with chronic disease, physical disabilities, and handicaps
Personal Skills	—Students will reduce risks contributing to chronic health problems in self and others —Students will identify and effectively use appropriate resources —Students will effectively read, write, and speak on issues related to using and sharing information that will lessen the negative impact of chronic health problems on self and others

Social Action	—Students will assist individuals with chronic health conditions, physical disabilities, and handicaps —Students will support research efforts to reduce chronic health problems —Students will be health advocates by communicating on issues related to using and sharing information that will lessen the negative impact of chronic health problems on self and others

Appendices

APPENDIX

Minnesota Health Statistics — Minnesota Department of Health

A. Minnesota Population Profile

B. Standardized Mortality Rates

C. Selected Health Statistics

D. Minnesota Birth Profile

E. Pregnancy Outcomes and Pregnancy Rates by Age

F. Minnesota Death Profile

G. Deaths Due to Selected Causes by Race

H. Fifteen Leading Causes of Death

I. Leading Causes of Death by Age

Minnesota Adolescent Health Database

J. Adolescent Population

K. Total Pregnancies

L. Pregnancy Outcome by Mother's Age/Race

M. Fertility Rates

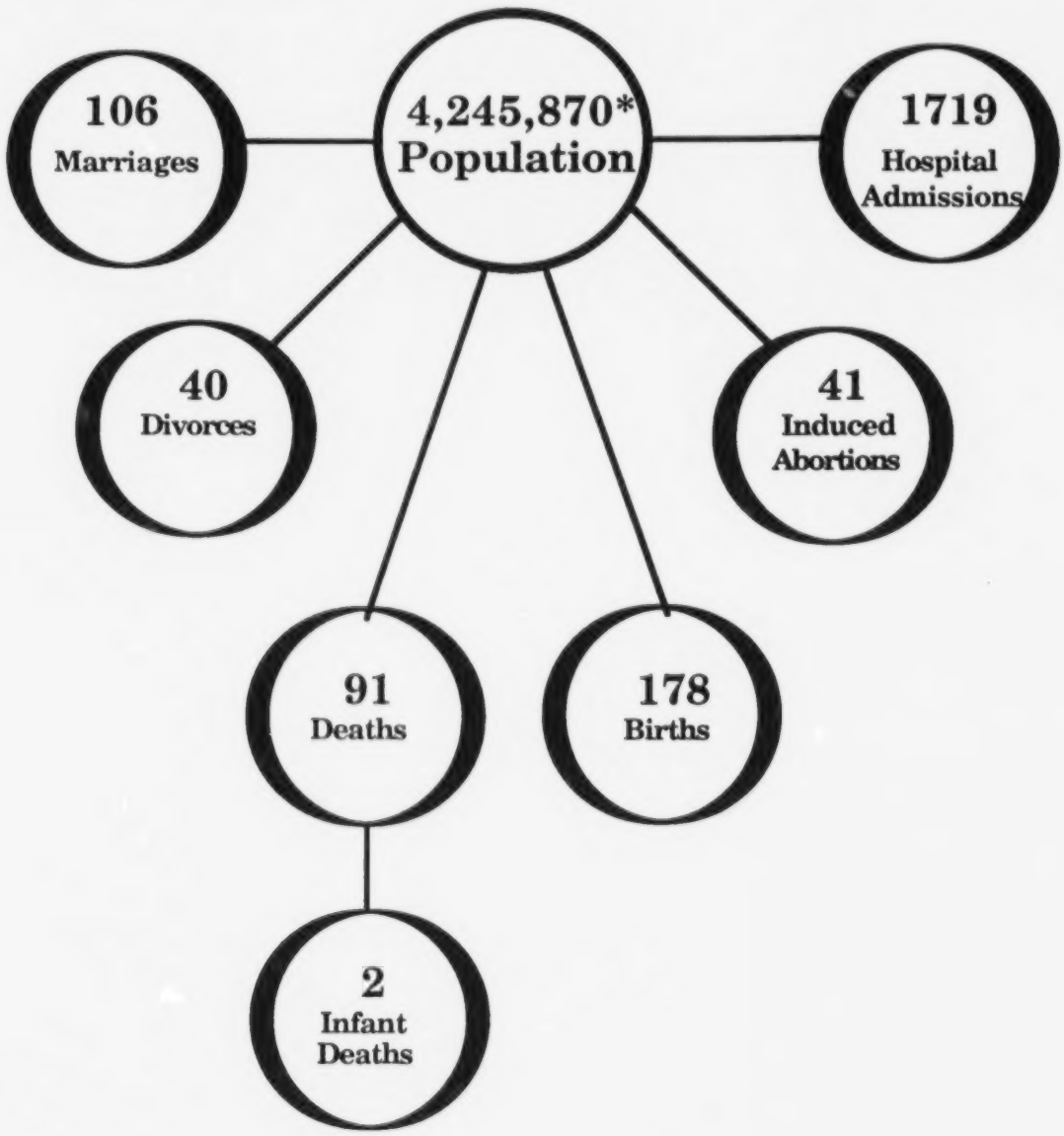
N. Motor Vehicle Accidents by Age of Driver

O. Adolescent Mortality by Age

Minnesota State Board of Education Rule 3500. 1075, Subp. 4

APPENDIX A

Every day during the decade 1976-1987, residents of Minnesota experienced an average of:



*1987 Census

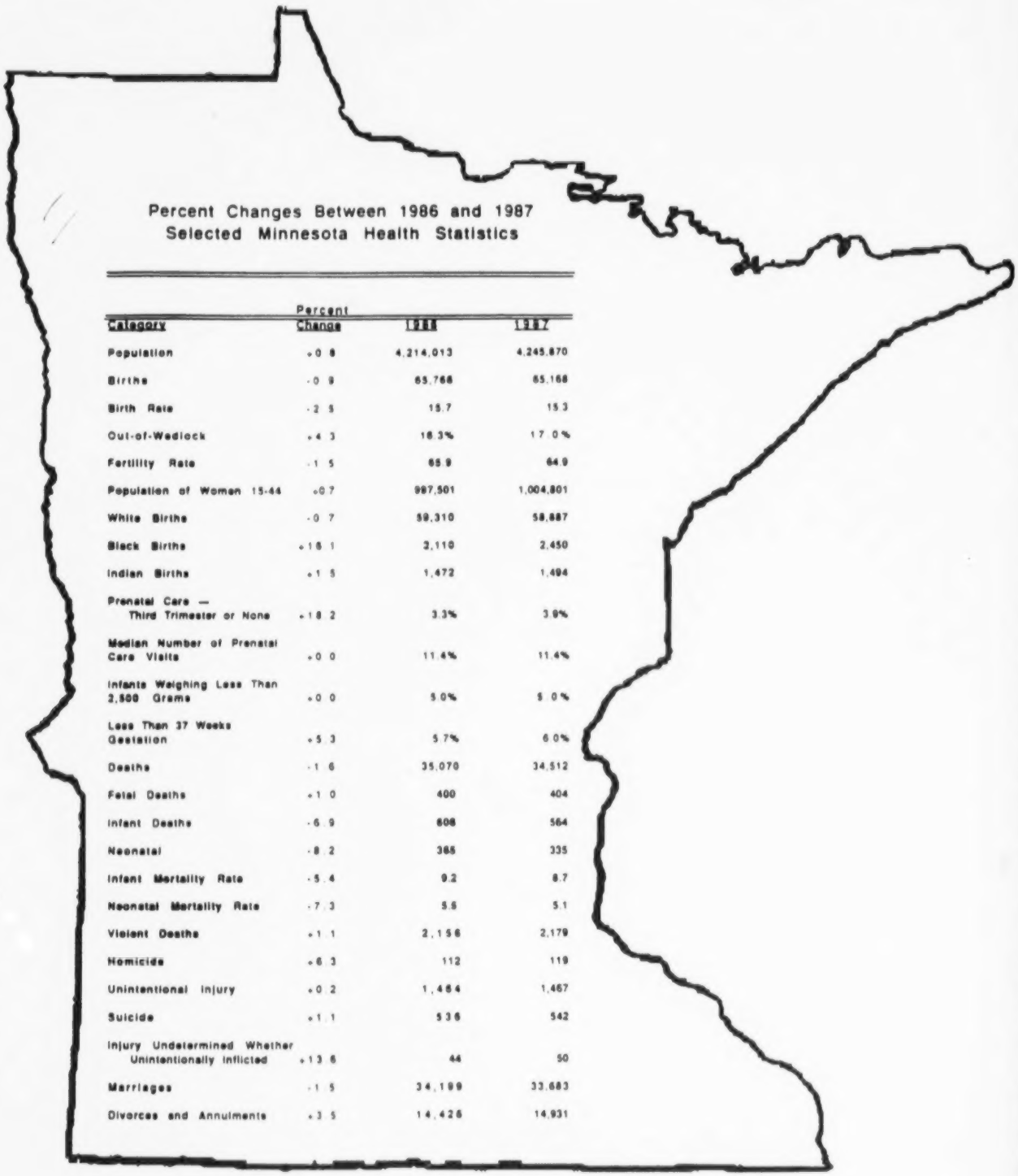
APPENDIX B

STANDARDIZED MORTALITY RATES PER 1000,000 POPULATION BY SELECTED CAUSES OF DEATH

MINNESOTA RESIDENTS, 1950-1985

Selected Causes of Death	Year					% Change 1950-1985
	1950	1960	1970	1980	1985	
Total	808.3	739.2	674.0	542.9	514.5	-36.3
Heart Disease	292.3	269.8	239.0	189.8	165.2	-43.5
Malignant Neoplasms	129.6	126.1	130.0	127.8	129.7	+ 0.1
Cerebrovascular	98.0	91.6	72.2	41.5	35.9	-63.4
Unintentional Injury	55.1	49.5	52.3	39.0	31.5	-42.8
Pneumonia and Influenza	24.0	29.0	18.8	13.9	14.1	-41.3
Suicide	11.3	10.0	10.7	10.6	10.5	- 7.1
Diabetes	16.1	12.8	12.0	8.1	8.4	-47.8
Chronic Liver Disease and Cirrhosis	5.1	7.3	9.6	7.6	7.2	+41.2
Certain Condition Originating in the Perinatal Period	32.7	25.7	21.0	8.4	6.7	-79.5
Congenital Anomalies	13.3	11.0	9.2	7.0	5.8	-56.4

APPENDIX C

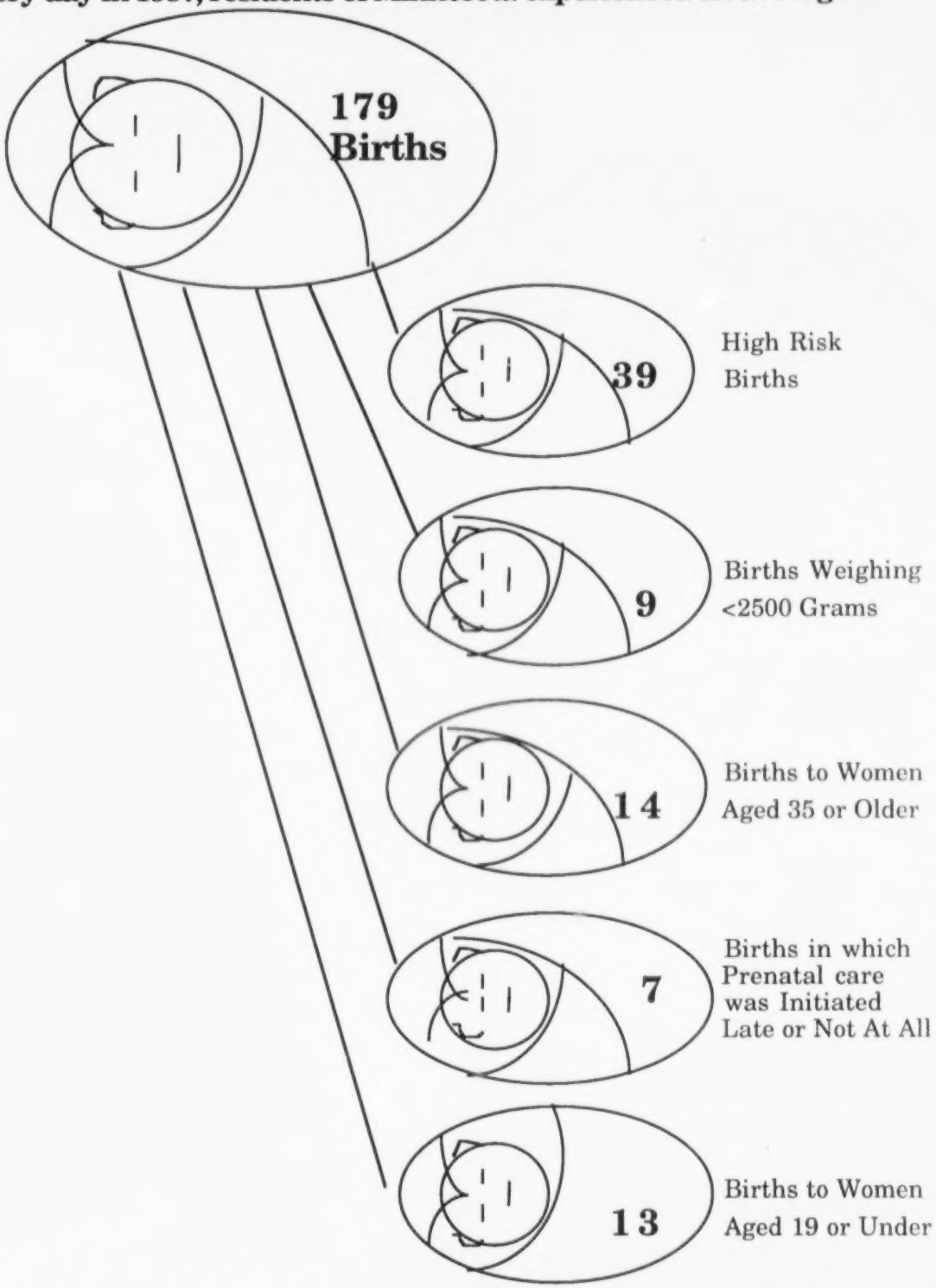


Percent Changes Between 1986 and 1987
Selected Minnesota Health Statistics

Category	Percent Change	1986	1987
Population	+0.8	4,214,013	4,245,870
Births	-0.9	65,766	65,168
Birth Rate	-2.5	15.7	15.3
Out-of-Wedlock	+4.3	16.3%	17.0%
Fertility Rate	-1.5	65.9	64.9
Population of Women 15-44	+0.7	997,501	1,004,801
White Births	-0.7	59,310	58,887
Black Births	+15.1	2,110	2,450
Indian Births	+1.5	1,472	1,494
Prenatal Care — Third Trimester or None	+18.2	3.3%	3.9%
Median Number of Prenatal Care Visits	+0.0	11.4%	11.4%
Infants Weighing Less Than 2,500 Grams	+0.0	5.0%	5.0%
Less Than 37 Weeks Gestation	+5.3	5.7%	6.0%
Deaths	-1.6	35,070	34,512
Fetal Deaths	+1.0	400	404
Infant Deaths	-6.9	606	564
Neonatal	-8.2	365	335
Infant Mortality Rate	-5.4	9.2	8.7
Neonatal Mortality Rate	-7.3	5.5	5.1
Violent Deaths	+1.1	2,156	2,179
Homicide	+6.3	112	119
Unintentional Injury	+0.2	1,464	1,467
Suicide	+1.1	536	542
Injury Undetermined Whether Unintentionally Inflicted	+13.6	44	50
Marriages	-1.5	34,199	33,683
Divorces and Annulments	+3.5	14,426	14,931

APPENDIX D

Every day in 1987, residents of Minnesota experienced an average of:



APPENDIX E

PREGNANCY OUTCOMES AND PREGNANCY RATES* BY AGE OF WOMAN
MINNESOTA RESIDENTS, SELECTED YEARS, 1980-1986

		AGE OF WOMAN							
YEAR	TOTAL**	<15	15-17	18-19	20-24	25-29	30-34	35-39	40+	Unknown
1980										
Live Births	67,843	45	1,988	5,000	22,546	24,035	11,300	2,485	437	7
Fetal Deaths	499	1	13	38	140	131	79	29	9	9
Induced Abortions	16,490	104	2,223	3,380	6,054	2,823	1,219	491	183	13
Total Pregnancies***	84,782	150	4,224	8,418	28,740	26,989	12,598	3,005	629	29
Age Specific Pregnancy Rate****	80.2	1.5	36.9	101.3	144.6	149.3	80.5	24.4	6.2	--
1984										
Live Births	66,715	50	1,604	3,608	19,417	24,348	13,676	3,523	478	11
Fetal Deaths	465	2	--	24	136	139	106	31	6	4
Induced Abortions	15,556	90	1,305	2,586	6,032	3,111	1,575	627	212	18
Total Pregnancies***	82,736	140	2,928	6,218	25,585	27,598	15,357	4,181	696	33
Age Specific Pregnancy Rate****	76.9	1.6	27.4	83.9	128.4	146.2	91.5	29.6	6.1	--
1985										
Live Births	67,412	55	1,518	3,509	18,968	24,797	14,283	3,804	467	11
Fetal Deaths	439	--	15	26	109	155	93	25	8	8
Induced Abortions	16,002	103	1,467	2,531	6,067	3,216	1,641	758	198	21
Total Pregnancies***	83,853	158	3,000	6,066	25,144	28,168	16,017	4,587	673	40
Age Specific Pregnancy Rate****	77.3	1.7	29.8	81.3	125.1	147.9	94.5	32.2	5.8	--
1986										
Live Births	65,766	54	1,572	3,179	17,485	24,491	14,381	4,086	509	9
Fetal Deaths	400	--	15	25	109	125	83	24	8	11
Induced Abortions	15,716	86	1,459	2,372	5,724	3,323	1,682	845	185	40
Total Pregnancies***	81,882	158	3,046	5,576	23,318	27,939	16,146	4,955	702	60
Age Specific Pregnancy Rate****	75.2	1.5	30.2	75.5	115.8	146.2	94.9	34.6	6.0	--
1987										
Live Births	65,168	53	1,535	3,268	15,955	24,266	15,050	4,434	602	5
Fetal Deaths	404	2	11	22	103	121	99	33	9	4
Induced Abortions	15,746	74	1,574	2,306	5,576	3,339	1,790	838	216	33
Total Pregnancies***	81,318	129	3,120	5,596	21,634	27,726	16,939	5,305	827	42
Age Specific Pregnancy Rate****	74.2	1.4	30.7	74.5	106.7	144.0	98.7	36.8	7.1	--

* Rates for 1984 through 1986 have been recalculated using revised population estimates since the publication of 1986 Minnesota Health Statistics.

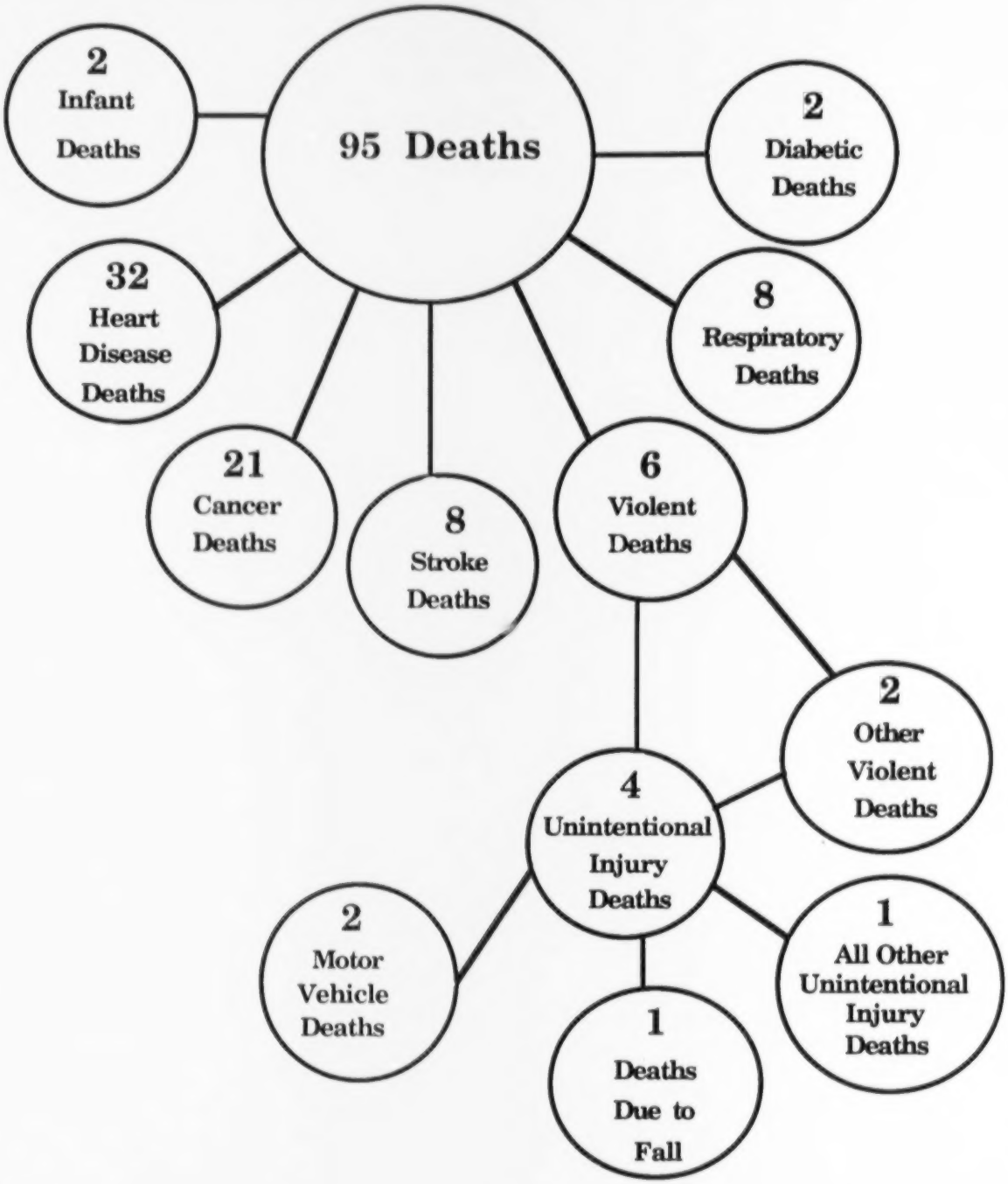
** For purposes of this table, total pregnancy rates are calculated per 1,000 female population of ages 12 through 44.

*** Does not include miscarriages.

**** Total pregnancies within a specified age group per 1,000 female population within the same age group.

APPENDIX F

Every day in 1987, residents of Minnesota experienced an average of:



APPENDIX G

DEATHS DUE TO SELECTED CAUSES BY RACE
MINNESOTA RESIDENTS, 1987

	Total	White	Black	Indian	Asian/Pacific	Other	Unknown
Total - All Causes	34,512	33,723	417	237	80	41	14
Infective-parasitic	400	373	19	6	2	--	--
Tuberculosis	5	3	1	1	--	--	--
Neoplasms - malignant	7,701	7,540	93	36	19	12	1
Digestive	1,994	1,954	26	7	3	4	--
Respiratory	1,836	1,793	26	11	3	3	--
Breast	724	716	6	1	1	--	--
Genital	928	912	5	5	3	2	1
Urinary	345	339	2	3	1	--	--
Leukemia	334	320	7	2	3	2	--
Diabetes mellitus	587	573	7	6	--	1	--
Major Cardiovascular	15,748	15,528	121	64	15	16	4
Rheumatic	128	126	1	---	--	1	--
Hypertensive heart	184	182	2	---	--	--	--
Ischemic heart	8,225	8,115	55	37	8	6	4
Other heart	3,074	3,034	25	8	3	4	--
Hypertension	209	204	5	---	--	--	--
Cerebrovascular	2,884	2,839	23	13	4	5	--
Arteriosclerosis	410	406	1	3	--	--	--
Respiratory	2,947	2,896	24	17	5	5	--
Pneumonia	1,296	1,274	7	10	3	2	--
Influenza	12	12	---	---	--	--	--
Bronchitis	58	57	---	1	--	--	--
Emphysema	169	167	1	1	--	--	--
Asthma	88	84	3	---	1	--	--
Ulcer of stomach & duodenum	110	110	---	---	--	---	--
Hernia & intestinal obstruction	93	91	---	1	1	--	--
Chronic Liver Disease & cirrhosis	312	287	7	14	3	--	1
Nephritis, nephrotic syndrome and Nephrosis	302	297	2	3	--	--	--
Kidney infections	23	23	---	---	--	--	--
Pregnancy, childbirth & Puerperium	1	1	---	---	--	--	--
Congenital anomalies	223	202	8	6	7	--	--
Certain conditions originating in the perinatal period	218	183	26	7	2	--	--
Ill-defined	722	687	15	10	5	2	3
Other diseases	2,946	2,881	38	22	3	1	--
Unintentional Injury	1,467	1,393	29	31	9	1	4
Motor vehicle	593	553	14	16	--	--	--
Falls	332	327	3	2	--	--	--
Suicide	542	518	8	7	6	3	--
Homicide	119	90	20	7	2	--	--
Other violent deaths	51	50	---	---	1	--	--

APPENDIX H

FIFTEEN LEADING CAUSES OF DEATH, DEATH RATES PER 100,000 POPULATION AND PERCENT OF TOTAL DEATHS, MINNESOTA RESIDENTS, 1987

Cause of Death	Number of Deaths	Death Rates	Percent of Total
Heart Disease	11,830	278.6	34.3
Cancer (Malignant Neoplasms)	7,701	181.4	22.3
Cerebrovascular Disease	2,884	67.9	8.4
Pneumonia and Influenza	1,308	30.8	3.8
Pneumonia	(1,296)	(30.5)	(3.8)
Influenza	(12)	(0.3)	(0.0)
Unintentional Injury	1,467	34.6	4.3
Motor Vehicle	(593)	(14.0)	(1.7)
Falls	(332)	(7.8)	(1.0)
Chronic Obstructive Pulmonary Diseases and Allied Conditions	1,252	29.5	3.6
Diabetes Mellitus	587	13.8	1.7
Suicide	542	12.8	1.6
Arteriosclerosis	410	9.7	1.2
Nephritis, Nephrotic Snydrome, and Nephrosis	302	7.1	0.9
Chronic Liver Disease and Cirrhosis	312	7.3	0.9
Congenital Anomalies	223	5.3	0.6
Certain Conditions Originating in the Perinatal Period	218	5.1	0.6
Septicemia	210	4.9	0.6
Hypertensive Disease without Mention of Heart Disease	209	4.9	0.6
All Other Causes	5,507	119.1	14.7
TOTAL ALL CAUSES	**34,512**	**812.8**	**100.0**

APPENDIX I

LEADING CAUSES OF DEATH BY SELECTED AGE GROUPS
MINNESOTA RESIDENTS, 1987

	No. of Deaths	Per-cent	Age/Cause Specific Death Rate Per 100,000 Population
1 - 4 Years			
Total - all causes	86	100.0	30.7
Unintentional injury	41	47.7	14.6
Motor vehicle	(15)	(17.4)	(5.4)
Malignant neoplasms	9	10.5	3.2
Congenital anomalies	7	8.1	2.5
Diseases of the nervous system and sense organs	6	7.0	2.1
Endrocrine, nutritional and metabolic diseases and immunity disorders	5	5.8	1.8
5 - 9 Years			
Total - all causes	65	100.0	21.7
Unintentional injury	32	49.2	10.7
Motor Vehicle	(23)	(35.4)	(7.7)
Malignant neoplasms	14	21.5	4.7
Diseases of the nervous system and sense organs	6	9.2	2.0
Congenital anomalies	5	7.7	1.7
Diseases of the Heart	2	3.1	0.7
10 - 14 Years			
Total - all causes	61	100.0	19.4
Unintentional injury	33	54.1	10.5
Motor Vehicle	(17)	(27.9)	(5.4)
Suicide	8	13.1	2.5
Malignant neoplasms	6	9.8	1.9
Diseases of the heart	2	3.3	0.6
Cerebrovascular disease	2	3.3	0.6
15 - 19 Years			
Total - all causes	243	100.0	67.9
Unintentional injury	123	50.6	34.4
Motor Vehicle	(104)	(42.8)	(29.0)
Suicide	57	23.5	15.9
Malignant neoplasms	11	4.5	3.1
Homicide	8	3.3	2.2
Congenital anomalies	10	4.1	2.8
20 - 34 Years			
Total - all causes	903	100.0	78.9
Unintentional injury	333	36.9	29.1
Motor vehicle	(205)	(22.7)	(17.9)
Suicide	193	21.4	16.9
Malignant neoplasms	91	10.1	8.0
Diseases of the heart	40	4.4	3.5
Homicide	54	6.0	4.7
35 - 49 Years			
Total - all causes	1,399	100.0	195.2
Malignant neoplasms	411	29.4	57.4
Diseases of the heart	307	21.9	42.8
Unintentional injury	181	12.9	25.3
Motor Vehicle	(85)	(6.1)	(11.9)
Suicide	112	8.0	15.6
Cerebrovascular disease	46	3.3	6.4
Chronic liver disease and cirrhosis	47	3.4	6.6
50 - 64 Years			
Total - all causes	4,342	100.0	799.0
Malignant neoplasms	1,622	37.4	298.5
Diseases of the heart	1,402	32.3	258.0
Cerebrovascular disease	164	3.8	30.2
Chronic obstructive pulmonary diseases and allied conditions	147	3.4	27.1
Unintentional injury	140	3.2	25.8
Motor Vehicle	(49)	(1.1)	(9.0)
Chronic liver disease	110	2.5	20.2
65 - 74 Years			
Total - all causes	6,930	100.0	2,375.5
Diseases of the heart	2,387	34.4	818.2
Malignant neoplasms	2,275	32.8	779.8
Cerebrovascular disease	362	5.2	124.1
Chronic obstructive pulmonary diseases and allied conditions	377	5.4	129.2
Diseases of the nervous system and sense organs	154	2.2	52.8
Pneumonia and influenza	137	2.0	47.0
75 Years and Over			
Total - all causes	19,919	100.0	8,507.0
Diseases of the heart	7,670	38.5	3,275.7
Malignant neoplasms	3,260	16.4	1,392.3
Cerebrovascular disease	2,290	11.5	978.0
Pneumonia and influenza	1,090	5.5	465.5
Chronic obstructive pulmonary diseases and allied conditions	708	3.6	302.4
Diseases of the nervous system and sense organs	465	2.3	198.6

APPENDIX J

STATE OF MINNESOTA
ADOLESCENT HEALTH DATABASE
ADOLESCENT POPULATION

Age:	1982	1983	1984	1985	% ADOLESCENTS IN POPULATION	
Females						
12-14	95,518	95,889	89,897	90,594		State
15-17	104,502	104,891	95,383	96,140	1975	16.5
18-19	76,265	76,484	69,819	70,328	1980	14.7
12-19	276,285	277,264	255,099	257,062	1985	12.5
Males					% Change	
12-14	100,321	100,727	94,920	95,649	1975-1985	-18.7
15-17	110,638	111,039	101,942	102,723		
18-19	75,228	75,445	69,328	69,815		
12-19	286,187	287,211	266,190	268,187		
Total						
12-14	195,839	196,616	184,817	186,243		
15-17	215,140	215,930	197,325	198,863		
18-19	151,493	151,929	139,147	140,143		
12-19	562,472	564,475	521,289	525,249		

APPENDIX K

STATE OF MINNESOTA
ADOLESCENT HEALTH DATABASE
TOTAL PREGNANCIES

	AGES 12 - 14	RATE	AGES 15 - 17	RATE	AGES 18 - 19	RATE	AGES 12 - 19	RATE
1975	145	1.2	3,881	33.3	6,625	78.1	10,651	33.4
1976	197	1.7	4,253	36.0	7,151	83.4	11,601	36.6
1977	167	1.5	4,466	38.1	7,495	88.1	12,128	39.0
1978	135	1.3	4,189	35.9	7,855	92.9	12,179	39.9
1979	140	1.4	4,282	36.8	8,187	97.3	12,609	41.9
1980	150	1.5	4,224	36.9	8,418	101.3	12,792	43.3
1981	129	1.3	3,636	33.4	7,836	99.0	11,601	40.8
1982	139	1.5	3,219	30.8	7,183	94.2	10,541	38.2
1983	150	1.6	2,872	27.4	6,338	82.9	9,360	33.8
1984	137	1.5	2,928	30.7	6,219	89.1	9,284	36.4

	12-14	15-17	18-19	12-19
PERCENT CHANGE: 1975-1984 State Rate	25.0%	-7.8%	14.1%	9.0%

APPENDIX L

STATE OF MINNESOTA
ADOLESCENT HEALTH DATABASE
PREGNANCY OUTCOME BY MOTHER'S AGE/RACE

Year: 1984	WHITE		OTHER		STATE TOTAL	
12-14 yrs.						
Births	18	24.7%	30	49.2%	49	35.8%
Fetal Death	0	0.0%	0	0.0%	0	0.0%
Abortions	55	75.3%	31	50.8%	88	64.2%
TOTAL	73	100.0%	61	100.0%	137	100.0%
15-17 yrs.						
Births	1,286	52.0%	295	68.9%	1,604	54.8%
Fetal Death	13	0.5%	6	1.4%	19	0.6%
Abortions	1,173	47.5%	127	29.7%	1,305	44.6%
TOTAL	2,472	100.0%	428	100.0%	2,928	100.0%

Year: 1984	WHITE		OTHER		STATE TOTAL	
18-19 yrs.						
Births	3,099	56.1%	438	71.9%	3,609	58.0%
Fetal Death	19	0.3%	5	0.8%	24	0.4%
Abortions	2,406	43.6%	166	27.3%	2,586	41.6%
TOTAL	5,524	100.0%	609	100.0%	6,219	100.0%
12-19 yrs.						
Births	4,403	54.6%	763	69.5%	5,262	56.7%
Fetal Death	32	0.4%	11	1.0%	43	0.5%
Abortions	3,634	45.0%	324	29.5%	3,979	42.9%
TOTAL	8,069	100.0%	1,098	100.0%	9,284	100.1%

APPENDIX M

STATE OF MINNESOTA
ADOLESCENT HEALTH DATABASE
FERTILITY RATES

Age Group: 12-19 Years	STATE Live Births			U.S. Live Births		
YEAR	NUMBER	%	RATE	NUMBER	%	RATE
1975	7,318	13.0	22.9	594,880	18.9	28.9
1976	6,971	12.3	22.0	570,672	18.0	28.0
1977	7,089	11.8	22.8	570,609	17.2	28.3
1978	6,882	11.1	22.6	554,179	16.6	28.0
1979	6,943	10.6	23.1	560,171	16.0	28.7
1980	7,033	10.4	23.8	562,330	15.6	29.1
1981	6,670	9.7	23.5	537,024	14.8	28.4
1982	6,125	8.9	22.2	523,531	14.2	28.2
1983	5,330	8.1	19.2	499,038	13.7	27.4
1984	5,262	7.9	20.6	479,647	13.1	27.0

APPENDIX N

STATE OF MINNESOTA
ADOLESCENT HEALTH DATABASE
MOTOR VEHICLE ACCIDENTS BY AGE OF DRIVER

Year: 1987	Number of Teenage Drivers Involved In	Drivers Killed			Drivers Injured		
Driver's Age	Accidents	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
12-14	238	1	0	1	87	39	126
15-17	12,988	15	5	20	1,139	964	2,104
18-19	12,662	23	6	29	1,194	835	2,029
TOTAL	25,888	39	11	50	2,420	1,838	4,259

NOTE: Some totals include records where sex was unknown.

APPENDIX O

STATE OF MINNESOTA
ADOLESCENT HEALTH DATABASE
ADOLESCENT MORTALITY BY AGE

Causes of Adolescent Deaths 1985

	12-14 Yrs.		15-17 Yrs.		18-19 Yrs.		12-19 Yrs.	
Unintentional Injury:								
Motor Vehicle	16	33.3%	50	49.5%	60	48.0%	126	46.0%
Non-Motor Vehicle	8	16.7%	7	6.9%	15	12.0%	30	10.9%
Cancer	2	4.2%	6	5.9%	12	9.6%	20	7.3%
Suicide	8	16.7%	22	21.8%	21	16.8%	51	18.6%
Homicide	3	6.3%	7	6.9%	2	1.6%	12	4.4%
Other Causes	11	22.9%	9	8.9%	15	12.0%	35	12.8%
TOTAL	48	100.0%	101	100.0%	125	100.0%	274	100.0%

STATE

	1980	1985	% Change
# of Adolescent Deaths	386	274	-29.0
Rate Per 1,000 **	0.6	0.5	-16.7

** If fewer than 30 deaths, the rate will be unreliable for planning purposes.

APPENDIX P

MINNESOTA STATE BOARD OF EDUCATION
RULE 3500. 1075, Subp. 4.

Health. Opportunities will be provided for each student to learn to:

A. understand the consequences of chemical abuse and tobacco use and apply prevention strategies;

B. apply prevention strategies to control accidents and injuries and demonstrate skills in first aid and cardiopulmonary resuscitation;

C. understand how and apply prevention strategies to control sexually transmitted diseases including human immuno-deficiency virus infection and acquired immunity deficiency syndrome and other infectious diseases;

D. understand and apply prevention strategies that reduce the risk of cardiovascular disease, cancer, and other noninfectious diseases;

E. understand and apply behaviors that promote mental/emotional health including stress reduction, suicide prevention, and alternatives to violent and abusive behaviors;

F. understand and apply behaviors that promote positive sexual and reproductive practices;

G. understand and apply prevention and reduction strategies to the consequences of environmental health hazards;

H. understand and apply positive parenting skills;

I. understand individual responsibilities to the health of the community and society;

J. understand life cycle adaptations of humans; and

K. value and understand personal health, nutrition, and physical fitness practices.